ECORD. Every item of infor-PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN In mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1

1	County	4.	54		Designation Diet No. 91	
	County			t.H.	Registration Dist. No.	
	Village or CityO	us fines	top or	mpp	Mark No. St., Warf death occurred in a hospital or institution, give its NAME instead of street and number)	
	Length of residence in c	ity or town where	teath occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	
	F	Bes-	111	8/6/2	a ma-Vs () has again	
2.	FULL NAME	13	usq c	1	more of turdection	
	(a) Residence: No	Lown	(Usual place	mu -	St., Ward. If nonresident give city or town and State	
	PERSONAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SI		R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
1	male 1	7		D (write the word)	At. 103 3	
59 1	If married widewed or div	reaca	1 2	<u> </u>	(Month) (Day) (Year)	
Ja. 1	If marriad, widowad, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERTIFY. That I attended deceased for	
	(VI) THE VI				pronounced Bala Dead 19	
6. D	ATE OF BIRTH (month, da	v. and year)	ly 2,	1939	I last saw h alive on, 19); death is s	
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 6 P m.	
	0	21	2.9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_1	8. Trada, profession, or p	articular	10/	i ormin.	were as follows: Date of on	
OCCUPATION	kind of work dona SAWYER, BOOKKE	as SPINNER.			(5)	
TA	9. Industry or businass i	n which			Deschal Inlummed (Inte	
5	work was done, as SAW MILL, BANK,	SILK MILL, atc			- Carroport	
ö	10. Dato deceased last wo this occupation (mo	rkad at	11. Total ti	ime (yaars) nt in this		
	yaar)		occu	ipation		
12. 1	BIRTHPLACE (city or town)	Bro	msu	10001	Other Contributory Causes of importance:	
	(State or country)		+04,	1		
ER	13. NAME /30	Snews	1 3	man-		
FATHER	14. BIRTHPLACE (city or t	Bin	Janan	~1_	Name of operation	
F	(State or country)	JWII)	104		Name of operation Data of	
2	15. MAIDEN NAME	ens of	a. Au	dua	What test confirmed diagnosis?	
를		136	ouns/s	TITO	23. If death was due to external causes (VIOLENCE) fill in also the following:	
Ψ 2	16. BIRTHPLACE (city or to (State or country)	own)	7		Accidant, suicide, or homicida?, 19, 19	
,	(5.000	-	11-		Where did injury occur? (Specify city or town, county and State)	
17. 1	(Address)	malo	Hen	son	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18 F	(Address) BURIAL, CREMATION, OR	REMOVAL				
B d. l. Oct 9 -1			Data Oc	£ 9,1023	Manner of injury	
	11000-1-0-0	12 ()	Jala Tita		Natura of injury	
19. L	UNDERTAKER	2	anna	m	24. Was disaase or injury in any way related to occupation of dacaased?	
	(Address)	month	apola	2	If so, specify	
20. F	FILED TEL	19.33	XXM	m64	(Signad) Cloudy of Cloud MM	
		-	// // // // // //	Registrar.	(Addrass) (lucularly Mr)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory-causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	BY PHYSICIAN
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Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECORD BINDING VITH UNFADING INK--THIS IS A PERMA RESERVED FOR MARGIN LAINLY

V. S. No. 1

ż

11/		09778
X	PLACE OF DEATH	STATE OF MARYLAND
	County AACO	CERTIFICATE OF DEATH
		Registration Dist. No. 22
ficate.	illage or City Colenton, Md (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2 FULL NAME Joseph Baranow.	2hec number.)
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male While Single, Married, Market While While OR DIVORCED Word (Write the word)	16 DATE OF DEATH October 3rd, 1933 (Month) (Day) (Year)
d no suo	DATE OF BIRTH March 19, 1872 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from March 1921, to Oct 3, 1923, that I last saw har alive on Oct 3, 1923,
3	AGE 6/ yrs. 6 mos. 14 ds. or min.?	and that death occurred on the date stated above, at
0	occupation (a) Trade, profession or particular kind of work Tamer	My reard,
2	(b) General nature of induatry business, or establishment in which employed or (employer)	Contributory acres My rends
e e	BIRTHPLACE (State or country)	Secondary (Duration) yts mos ds.
s very	10 NAME OF FATHER John 13 aranowsky:	(Signed) An Gibrar artigum. D.
RENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAG	OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
ם כמ	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmesds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
tatemen	(Address) 9432 Front and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stanislans Cently Och 7th, 1933.
o 15	Filed COV 4 1929 Selfy Lo Ca Pregistrar	Leonge a Weber 705 & ann it
	If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons (a) the kind of work and also (b) the who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ". ("Inanition," ". "Marasmus," "Old Age," "Shock," "Uraemia," ". Weakness," etc., when a definite disease "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated unfor the head of "contributory." (Recommendations on "intenent of cause of death approved by Committee on Commendature of the American Medical Association.) accident; Revolver wound of head homicide; Poisoned by carbolic acid—probably suicide. Them ture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," Whooping and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic etc. The contributory affection need valvular Always qualify all heart

If this certificate is looked over thomography and all questions answered in detail it will present further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1	L PLACE OF DEATH	CERTIFICATE OF DEATH 09779
	County Anno Arundel	Registration Dist. No.
	Village or City Lylen Our	e No. Maple HVZ St., War
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosd
2	P. FULL NAME MORY Beck	
	(a) Residence: No. Maskl Ave	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 1	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
5a.	If married, widowed or divorced HUBBAND OF Jam Michael Beck	22, I HEREBY CERTIFY, That I attended deceased for
_	DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than	I lest saw he alive on 4 Del 1933; death is sa to heve occurred on the date steted above, at 12 125 m.
	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NOIL	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carpio Vasculat 193,
UPA	9. Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc	Henri Distas
OCCU	10. Date decessed lest worked at this occupation (month and let /4/3) 11. Total time (years) spant in this 2 5 occupation	
12.	BIRTHPLACE (city or town) Palfundus City (State or country)	Other Contributory Causes of importance:
ER	13. NAME Jacob Theo, 12 rehm	
FATH	14. BIRTHPLACE (city or town) Phl 40 City (Stete or country)	Name of operation Date of Date of
ER	15. MAIDEN NAME Delia Gannon -	What test confirmed diagnosis? Was there en au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE (city or town) Paltumore City-	Accident, suicide, or homicide?
	INFORMANT ASM M. Decly	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Cathadral Date Oct 7 1933	Manner of injury Nature of Injury Nature of Injury
19.	UNOERTAKER Was Cook (Address) 1217 St Paul St	24. Was disease or injury in any way related to occupetion of deceased?
20.	FILED 6, 1933 AMBCALLO	(Signed) A A LA LALLE HAVE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

74	

STATE O	F MARYLAND-	CERTIFICATE	OF DEATH	09786

County Anne Arundel Village or City Fort George G. Neede No. St. Ward Length of reddence in city or town where death occurred. O.ys. O. mess. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. How long in U.S. H of foreign birth? yrs. mes. ds. H of the long in U.S. H of th	1. PLACE O	F DEATH			214	\widehat{m}		
Village or City	County	Anne A	rundel				n Dist. No. 27	
2. FULL NAME Richard Carr Woodfin Booker (a) Residence: No. 39-Water (Unstplace of shock) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DYOCKED Come the word 1985 of the word 198		***/		/16	doubt assumed in a bassical as	institution sincile NIAI	St.,	Ward number)
Personal and Statistical Particulars	2. FULL NA	ME Richard	Carr Wood					
S. SIKX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Course the word) Married widowed, or divorced Married widowed, or divorced widow		70		of abode)	St., WSYERC			nd State
Male White OR DWARCED (ward the word) Married Sa. If married, widowed, or divorced HUSBADO EXECUTER! Jean DuMont Booker S. If any indexwed, or divorced HUSBADO EXECUTER! Jean DuMont Booker S. Trade, profession, or particular wind of work done as SPINKB Control of work done as SPINKB Lindows as SPINKB Was dead When Tirst Seen October 4 1/853 NEW ACCOUNTY OF WARRENCE CONSTRUCTION OF A 1/853 S. Trade, profession, or particular wind of work done as SPINKB Lindows Was done, as SPINKB Was dead SPINKB Lindows Was done, as SPINKB Lindows Was done as SPINKB Lindows	PERSON	NAL AND STATIST	ICAL PART	CULARS	MEDICA	L CERTIFICAT	E OF DEATH	
### SAND of Month South Booker 5. DATE OF BIRTH (month, day, and year) January 4, 1910 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular season of the date stated above, at 11:20A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were season of work done, as \$PININGS Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine, 10/4/33 SANYER BOOKKEFER, etc. AL. Lit., Air Corps—Reserve Fracture—dislocation, spine,			OR DIVORCE	D (write the word)	21. DATE OF DEA	ctober	4 (Oay)	, 193 3 (Year)
6. DATE OF BIRTH (month, day, and year) January 4, 1910 7. AGE	HUSBAND of		Booker		22. I HER! was dead when	EBY CERTI	FY. That XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4 1933
7. AGE Years Months 9 0 1/16SS than 1 day	6. DATE OF BIRTH	(month, day, and year) J8	nuary 4.	1910				
Airplane accident. Cervical region. Cother	7. AGE Yes	ars Months	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF			Octopforms
12. BIRTHPLACE (city or town) Fort Riley (State or country) Kansas 13. NAME Philip Woodfin Booker 14. BIRTHPLACE (city or town) Hampton (State or country) Virginia 15. MAIOEN NAME SUSAN Wentworth Lee 16. BIRTHPLACE (city or town) Great Bridge (State or country) Virginia 17. INFORMANT Mrs. Susan Lee Chapelle (Address) 39-Water St., Phoebus, Va. 18. BURIAL CRIMATIEN, MR NEMARKATING ton National Cemer (Address) Laurel, Meryland 19. UNOERTAKER Lloyd A. Kaiser, (Address) Laurel, Meryland Laurel, Meryland Laurel, Meryland C. M. D. (Signet) C. M.	8. Trade, profe	work done, as SPINNER R, BODKKEEPER, etc. 20 1	t.,Air Co	orps-Reserv	e Fracture-dis	slocation, sp	oine,	10/4/33
12. BIRTHPLACE (city or town) Fort Riley (State or country) Kansas 13. NAME Philip Woodfin Booker 14. BIRTHPLACE (city or town) Hampton (State or country) Virginia 15. MAIOEN NAME SUSAN Wentworth Lee 16. BIRTHPLACE (city or town) Great Bridge (State or country) Virginia 17. INFORMANT Mrs. Susan Lee Chapelle (Address) 39-Water St., Phoebus, Va. 18. BURIAL CRIMATIEN, MR NEMARKATING ton National Cemer (Address) Laurel, Meryland 19. UNOERTAKER Lloyd A. Kaiser, (Address) Laurel, Meryland Laurel, Meryland Laurel, Meryland C. M. D. (Signet) C. M.	Work wa	is done, as SILK MILL.	U.S.Arm	7	cervical re	gion.		
13. NAME Philip Woodfin Booker 14. BIRTHPLACE (city or town) Hampton Name of operation None Oate of What test confirmed diagnosis X-ray & clinical was there an autopsy? No What test confirmed diagnosis X-ray & clinical was there an autopsy? No What test confirmed diagnosis X-ray & clinical was there an autopsy? No 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/4 19.33 Where did injury occur? Millersville (Anne Arundel CO) More with the engaged in flying military aircraft Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE with the engaged in flying military aircraft Manner of injury Fracture-dislocation, spine 24. Was disease or injury in tap of occased? Yes White occased? Yes Where of the public place Yes Where of injury Fracture-dislocation, spine Yes White occased? Yes White occase	10. Date decease this occur year)	sed last worked at	11. Total 1	ime (years) nt in this				
14. BIRTHPLACE (city or town) Hampton What test confirmed diagnosis X-ray & clinical what test confirmed diagnosi		,		as	Other Coutributory Causes	of importance:		
14. BIRTHPLACE (city or town) Hampton What test confirmed diagnosis X-ray & clinical what test confirmed diagnosi	13. NAME	Philip Woodfi	n Booker					
15. MAIOEN NAME Susan Wentworth Lee 16. BIRTHPLACE (city or town) Great Bridge (State or country) Virginia 17. INFORMANT Mrs. Susan Lee Chapelle (Address) 39-Water St., Phoebus, Va. 18. BURIAL CRIMANIZO, DRIMANIZO, Date October 8 19 33 Place Levy, Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Va. Date October 8 19 33 Cate of Country Value of Country Value of Country Value October 8 19 33 Cate of C	14. BIRTHPLACI	E (city or town) Hamp	ton	nfa				
Where did injury occur? All the Company of the Comp	15. MAIOEN NA	AME Susan Wentw	orth Lee					
17. INFORMANT Mrs. Susan Lee Chapelle (Address) 39-Water St., Phoebus, Va. 18. BURIAL, CREMATION, DR. WANWAKAR lington National Ceme Lery, Va. 19. UNOERTAKER Lloyd A. Kaiser, (Address) Laurel, Maryland 19. UNOERTAKER (Address) Laurel, Maryland 19. UNOERTAKER (Address) Laurel, Maryland 19. UNOERTAKER (Address) Laurel, Maryland 20. Susan Lee Chapelle Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. While engaged in flying military aircraft Manner of injury Airplane accident. Nature of injury Fracture-dislocation, spine. 24. Was disease or injury in the properties of deceased? Yes 15. Specify whether injury occurred in HOUSTRY, in HOME, or In PUBLIC PLACE. While engaged in flying military aircraft Nature of injury Fracture-dislocation, spine. 24. Was disease or injury in the properties of deceased? Yes 15. Specify whether injury occurred in HOUSTRY, in HOME, or In PUBLIC PLACE. While engaged in flying military aircraft Nature of injury Fracture-dislocation, spine. 19. UNOERTAKER (Address) Laurel, Maryland (Specify city or town, county and State) Specify whether injury occurred in HOUSTRY, in HOME, or In PUBLIC PLACE. While engaged in flying military aircraft Nature of injury Fracture-dislocation, spine. 19. UNOERTAKER (Address) Laurel, Maryland (Specify city or town, county and State) Specify whether injury occurred in HOUSTRY, in HOME, or In PUBLIC PLACE. While engaged in flying military aircraft Nature of injury Fracture-dislocation, spine. 19. UNOERTAKER (Address) Laurel, Maryland (Specify City or town, county and State) 19. UNOERTAKER (Address) Laurel (Specify City or town, county and State) 19. UNOERTAKER (Address) Laurel (Specify City or town, county and State) 19. UNOERTAKER (Address) Laurel (Specify City or town, county and State) 19. UNOERTAKER (Address) Laurel (Specify City or town, county and Specify City or town, county and Specify City or town, county and county	16. BIRTHPLACI	c (city of town)	at Bridge		Accident, suicide, or homici	de? Accident Millersville	Date of injury 10/	4 19 33 ndel CO)M
19. UNOERTAKER Lloyd A. Kaiser, (Address) Laurel, Maryland 19. UNOERTAKER (Address) 19. UN	(Address)	39-Water St.,	Phoebus,	Va.	While engage	ed in flying	g military	PLACE. aircraft
19. UNOERTAKER DICYU MARYLAND (Address) Laurel, Maryland If so, specify Total BERLIN, Majon M.C. M.D. (Signed) Tot Charles ERLIN, Majon M.C. M.D.	18. BURIAL, CREMA TEI Place	non na mawakArli ry, Va.	ngton Nation Date Octo	tional Ceme ber 8 19 33	Manner of injury Air	lane accide cure-disloca	ent. ation,spine	
					If so, specify	tan tan	arplane.	Yes
	20. FILED Oct.	5 , 19 33 0	E FREE					

reported to the Bureau of Census. the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

stated EXACTLY, PHYSI-properly classified. Exact

of certificate.

RECORD

BINDING

FOR

71TH UNFADING INK--THIS MARGIN RESERVED

WRITE

V. S. No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City le beere No.	St.:
	RIF
2FULL NAME William	Workman

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street andWard)

PERSONAL	AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
Male 4	COLOR OR RACE MARRIE WIDOWI OR DIVE (Write the	D, ED. ORCED MA	ATE OF DEATH (Mont	/S , 19\$\(\frac{1}{2}\)
6 DATE OF BIRTH	Mee /	, 1000	192 to	
7 AGE	7 yrs. 9 mos. 28	If LESS than and	I last saw halive on that death occurred on the date CAUSE OF DEATH * was as foll Adminated to the first	stated above, at
8 OCCUPATION (a) Trade, profess particular kind of (b) General nature	work Owo	rer ti	4 /	Coldisteor
business, or estable which employed or BIRTHPLACE (State or country)	(employer) lede xa	V den e	ontributory Secondary (Duration	n) 2 yrs. mos
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER Z (State or cour	- UVUG	Evan Gign	*State the Disease Causing icident Causes, state (1) Means ccidental, Suicidal or Homicidal.	langumer
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Coun	unna se	At plof de When	athyrsmosds.	In the Stateyrsmos
(Informant)	Mrs Berth	a Britan Gorm	t at place of death? er or residence LACE OF BURIAL OR REMOVAL	
(Address)	19233 My	ralla 20 L	Chwarts	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PL

19. UNDERTAKER (Address) 20, FILED Och 28

state

19.2.3.1

1. PLACE OF DEATH

09782

	956	· · ·
	Registration Dist. No.	9
If death	No. Alfanda St. St. occurred in a horpital organistication, give its NAME instead of street ds. How long in U.S. if of foreign birth?	
Dr	-ools	mosds.
	St., Ward. If nonresident give city or town	a and State
	MEDICAL CERTIFICATE OF DEAT	Н
21.	DATE OF DEATH Oct 1933	, 193 (Year)
22.	HEREBY CERTIFY, That I atter	nded deceased from
-	ast saw have alive on 200 mm	3-3-; death is said
Th	ne PRINCIPAL CAUSE OF DEATH end related causes of importance are as follows:	
- "		Date of enset
	artio-Vascular Dolar	1
		16
-		11カナ
		7
Ot	ther Contributory Causes of importance:	
	none	
_		
1		
Na	ime of operation Date	of
Wh	- A-1	an au'opsy?
	If death was due to external causes (VIOLENCE) fill in also the follo	
11	cident, suicide, or homicide? Date of injury	
W	here did injury occur?	, 20
	(Specify city or town, county and ecify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	State) C PLACE.
14.	non!	
	anner of injury	
	THE OT INHIEV	
		10 01
24.	Was disease or injury in any way related to occupation of deceased	1,00
24.	Was disease or injury in any way related to occupation of deceased so, specify	, 500
24.	Was disease or injury in any way related to occupation of deceased	7 NO

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS

1 day,___

occupation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage DERRAIT V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

of OCCUPA.

Exact statement

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09783
1. PLACE OF DEATH	82-2
County ama arundal	
Village or City near asaclena	No. St., Ward
Length of residence in city or town where death occurred 2 tyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Friedrich Wm.	(2)
(a) Residence: No (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Deto Gar 294 193 V
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seize Suns	(Month) (Oay) (Year) 22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) File. 28 - 1867.	l last saw h leadive on 19 death is said
7. AGE Years Months Oeys If LESS than I day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month amb spent in this year)	were as follows: Oate of onset 10-26-3
12. BIRTHPLACE (city or town)	Dther Contributory Causes of Importance: Leterious unlefin.
13. NAME Cedan Hunk	
13. NAME Colour Humb 14. BIRTHPLACE (city or town) (State or country) (State or country)	Nama of operation Date of
15. MAIDEN NAME Julia Strohm	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME / Llia Strohm 16. BIRTHPLACE (city or town) - Que (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Elise Sunh (Address) 6. miles such me	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. John Convar Convate Nov. / 19 30	Manner of injury
19. UNOERTAKER Juhins Med.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO 10-29,1933 Z. a. G. G.	(Signed) A Sadrum M.D.

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Cerebral hemorrlage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.-WRITE PL.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	Q	104	0	1
31	3	1	7	4
1/	W			-3

1. PLACE OF DEATH		93-0
County Anne Arunde	1	Registration Dist. No. 2
Village or City <u>Grownsvil</u> Length of residence in city or town where c	le State Hosp	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 6 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Fahhie	Burr	
(a) Residence: No. 2332 Et		St., Ward. Balto, Me. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w Widow	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	known	22. I HEREBY CERTIFY. That I attended decaased from June 8 ,19 33 to Oct 14 ,19 28
6. DATE OF BIRTH (month, day, and year)	1868	I last saw her alive on Oct 14
7. AGE Years Months 65 Wink	Days If LESS 1 day,	_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewice	Heart failure Auricular fibrillation Chromic myocarditis
o this occupation (month and year) 12. BIRTHPLACE (city or town) Ohio (State or country)	spant in this occupation	Other Contributory Causes of Importanca: Gangreene left leg
13. NAME Coleman Bur	r	
H 13. NAME Coleman Bur 14. BIRTHPLACE (city or town) (State or country)	Ohio	Name of operation
15. MAIDEN NAME Harrie	tt ?	23. If death was dua to external causes (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME Harrie 16. BIRTHPLACE (city or town)	hio	Accident, suicide, or homicida? Date of injury, 19 Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Self (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Balto, Md.	Data 10-18-38	Manner of injury
19. UNDERTAKER Thomas E. K. (Address) Baltimore, 20. FILED // 13.5		24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	0785
1 PLACE OF DEATH		(3)	1100
County a.a.		Registration Dist. No. 2	1
Village or City Prucles		No	Ward
Langth of residance in city or town where		f death occurred in a hospital or institution, give its NAME instead of street and r	
2. FULL NAME Olive	Colintry	Bushing	
(a) Residence: No.		St. Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCYOTAL (Month) (Oay)	, 193 <i>3</i> (Yaar)
5a. If married, widowad, or divorcad HUSBANO of		22. O LHEREBY CERTIFY. That I ettended.	deceased from
(or) WIFE of		Sept. 22. 1933 to CC. 8	1933
6. DATE OF BIRTH (month, day, and yaar)	ug 27 -1873	I last saw h we aliva on Ock 8 12 1933	; daath is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 3/2m.	
60 /	8 I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were es follows:	,
8. Trada, profession, or particular kind of work done, as SPINNER,		0	Date of onset
SAWYER, BOOKKEEPER, etc.)	Chemic Sukiskles Teghutes.	011
Nodustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	harmer	Myocarde to.	oung,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate dacaased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation	arkin Elinois.	
12. BIRTHPLACE (city or town)	Brook	Othar Contributory Causes of Importance:	0
(State or country)	B Va.	Mrania - S	JEN 25
14. BIRTHPLACE (city or town)	Jushon y		
14. BIRTHPLACE (city or town)	va.	Name of operation Date of	1
(Stata of country)		Whet test confirmed diegnosis? Missing Gualque Was there an a	utops
15. MAIOEN NAME Caraly 16. BIRTHPLACE (city or town)	a. most,	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	a.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	0 0 0	Where did Injury occur? (Specify city or town, county and State	e)
17. INFORMANT & Share (Address)	6. Clark	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	IĆE.
18. BURIAL CREMATION, OR REMOVAL	(CON 1 = ==	Mannar of injury	
Place Harrisville U	a Date Co / 0, 1933	Netura of injury	
19. UNOERTAKEN J. Wille	ams Hon	24. Wes disease or Injury In any way ralated to occupation of dacesed?	To
10/61 22 C	my myd.	If so, specify	
20. FILED , 19	Registrar.	(Signed) Address) Plan Beaute	M. D.
If more	blanks are needed, address Soute Registrar.	2411 N Charles Street Baltimby Requesting 71 S No.	7.000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NO	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BULL	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL	SDACE 1	FOR	PHETHER	STATEMENTS	RV	PHYSICIAN
ADDITIONAL	SPACE	ruk	FURTHER	STATEMENTS	DI	PHISILIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, W

1/	1. PLACE O	F DEATH			(83)	
X	County	Anne Arunde	1		Registration Dist. No. 21	
		City Crownsyi		_ (1)	St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	2. FULL NA	MF Blanc	h Carte			
	(a) Resider		Arundel	County	St., Ward. If nonresident give city or town and	State
-	PERSON	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex emale	4. COLOR OR RACE black	OR DIVORC	RRIED, WIDOWED, ED (write the word) Pried	21. DATE OF DEATH October 15th (Month) (Day)	, 193 3
5a	. If married, widov HUSBAND of— (or) WIFE of	wed, or divorced Harry Ca	rtman		22. I HEREBY CERTIFY, That I attended	
6.	DATE OF BIRTH	(month, day, end year)	1891		Hast saw h er alive on Oct. 15th 19 33	
7.	AGE Yes		Days known	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
LION	8. Trade, profe kind of SAWYER	ession, or particular work done, as SPINNER, r, BOOKKEEPER, etc	Housew	ork	Hemiplegia	?
OCCUPATION	work wa	business in which is done, as SILK MILL, LL, BANK, etc		-		
00	this occu	sed last worked et upation (month end	- sp	time (years) ent in this cupation		
12	. BIRTHPLACE (ci		na.		Other Contributory Causes of Importance:	.?
HER	13. NAME	Unknown				
FATH	14. BIRTHPLACI	E (city or town)	nown		Name of operation Dete of What test confirmed diegnosis? Was there an a	utonev?
ER	15. MAIDEN NA	ME Unknow	n		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER		E (city or town)	-Unknow	m	Accident, suicide, or homicide? Date of Injury Where did injury occur?	, 19
17	. INFORMANT (Address)	Hospital Crowns		s Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL; CREMAT	Cleculary	Date 19/2	0-133	Manner of Injury	
19	UNDERTAKEN (Address)	by A Win	legore	Duft	24. Was disease or injury in any way related to recupation of deceased?	
20	FILED Oct 2		XX.	Registran	(Address) Crownsyille, Maryles	M. D
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	pay	0	10
Ħ	9	1	X	1
11		- 00		- 60

1. PLACE OF				(15'9)	00.0
County	Anne Arundel			Registration Dist. No. 2	
Village or C	Village or City Severn			No. St.,	Ward
Length of resid	dence in city or town where	death occurred	Yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and s. 6ds. How long in U.S. if of foreign birth?m	number)
	ME Calvin M			JV	V**
	ce: No. Severn	0110	L 1118		
(a) Kesident	ce: No	(Usual place	e of abode)	St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE SINGLE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 4, (Month) (Day)	, 193.3.
5a. If married, widowe HUSBAND of	ed, or divorced			(Month) (Day)	(Year)
(or) WIFE of				22. I HEREBY CENTIFY, That I attended	deceased from
A DATE OF DIDER		eptember	29, 1933	Dead on October1983	\$ -, 19
7. AGE Year	menting day, a ra year,	Days	If LESS than	I last saw b alive on Sep or her 29 10-33	-, death is seid
		6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of Importance	
8. Trade, profes	sion, or particular	1	ormin.	were as follows:	Date of onset
Nind of w SAWYER, 9. Industry or b work was SAW MILI	ork done, as SPINNER, BOOKKEEPER, etc.				
9. Industry or b	ousiness in which done, as SILK MILL, L, BANK, etc			Premature Birth	
3 N SAW MILI					
- I this occup	ation (month and	sp:	time (years) ent in this		
year)			upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city					
(State or coun	Elvin G. Tes				
13. NAME 14. BIRTHPLACE	ETAIL G. 16:	a cer.			
14. BIRTHPLACE		מיני		Name of operation Date of	
(State of				What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAM	WE ATTRIBUTE DO	IVALL		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	(city or town)	yland.		Accident, suicide, or homicide? Date of Injury	, 19
— (State of		Jacanas		Where did Injury occur? (Specify city or town, county and State	e)
17. INFORMANT Mother (Address) Severn, Md.		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.		
(Address) 18. BURIAL, CREMATI		<u> </u>			
PlaceDate19			19	Manner of Injury	
				Nature of Injury	
19. UNDERTAKER (Address)				24. Wes disease or injury in any way related to occurpation of deceased?	
				(Signed) ay lo	
20. FILED	, 19		Registrar.		to., Md
			ACKBITAT.	" (Vingle22)	

Morrarly rought in certificate. No. 1. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH)9788
1. PLACE OF DEATH County Q.Q. WITHIN C	ORNORATE LINITS OF 82-2	1
	nogistration Dist. No.	
Village or City annapoles and	No. 3 St., St. of death occurred in a horpital or institution, give its NAME instead of street and n	Ward
	sds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME annie Callere	les-	
(a) Residence: No. 3 Dean	st., 3 Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Oct 18 (Month) (Day)	, 193 3 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Wickolas Colleran	22. CHEREBY CERTIFY, That lattended of	deceased from
6. DATE OF BIRTH (month, dey, and year)	I last saw h. A. alive on Oct 18 1933	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et & m.	, ocatii is said
63 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hemspleger	Data of onset
9. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		~
this occupation (month and year) occupation		
100	Other Contributory Causes of importances	101.11
12. BIRTHPLACE (city or town) (State or country)	acuta suppression	10/14/3
13. NAME alsoftman	f./ MV	
13. NAME Olos Survey 14. BIRTHPLACE (city or town)	Name of operation Mane Date of	
(State of Country) Configuration	What test confirmed diagnosis? Clusicaf Wes there en el	ulopsy?
15. MAIDEN NAME Olimpion	23. If death weadue to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury	, 19
(State or country) (Uniformation	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT MAN See As Challed (Address) 3 Dean of Composito on	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place At Miceys Date @ 20, 1933	Manner of injury	
19. UNDERTAKER 13 I Hofefore	24. Was disease or injury in any wey related to occupation of deceased?	no
(Address) Ann oponio m.	If ao, specify	
20. FILED 10/9, 19-37 JM supy.	(Signed) 9Milles Marline (Address) Anna Abolis	M. D.
Registrar.	(Audress)	1119

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage P.J.P.BAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
30150			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09790
1. PLACE OF DEATH	48
County Anna Aoundel	Registration Dist. No.
Village or City Linthieum Heif	death occurred in a horpital or institution, five its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Patience 0/1/50	2 A / /
(a) Residence: No. Homeland Total (Usual place of abode)	If nonresignar give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 58. If married, widowed of divorced band, Colt tender Tydinas	21. DATE OF DEATH Month) (Day) (Year)
(or) HIFE of husband Glo A. Collison	22. I HEREBY CERTIFY, That I attended deceased from 30 Supt 1932, to 3 Oct 1983
6. DATE OF BIRTH (month, day, and year) / / March /863	I last saw har alive on 200 CK 4, 1973; death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the date stated above, at. 4-30-nd//
7/ 6 /7 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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10. Data decaasad last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Anne Arumou County (State or country)	Other Contributory Causes of importance:
	all has as 10
E Nesse Agree 16	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Haminate was there an au'opsy?
15. MAIDEN NAME Amy Rebekah Prilliams	23. If death was due to external causes (VIOL ENCE) fill in elso the foilowing:
15. MAIDEN NAME FUNG REVERAN PULLAMS 16. BIRTHPLACE (city or town) Tune for sundy Construction of the Con	Accident, suicide, or homicide? Date of injury
17. INFORMANT CLO & COLLISON (Hughry)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ledan Hell Date Oct 7-, 1979	Manner of Injury Nove
19. UNDERTAKE Mallean Cook (Address) 1217 Al Paul Aree	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Det 1, 1933. Calduell Woodryff.	(Signed) M. D. (Address) Lintheum rate Mas gale

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN TO AND Crittender Jones Juin May 1998	
Just huse	and (rettender Tyonas deed May 1898	
all chill	ver (5) by first husband.	Ī

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 09'	792
1. PLACE OF DEATH	1	83-0	
County		Registration Dist. No. 21	
Village or City		No. St., death occurred in a horpital or institution, give its NAME instead of street and n	
Length of residence In city or town where death	occurred yrs mos	ds. How long in U.S. if of foraign birth?yrsmo	isds.
2. FULL NAME TO SUP	L. M. Ul	momument st	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 1933 (Year)
5e. If marriad, widowed, or divorced HUSBAND of	0		
(or) WIFE of Julia	Hall.	22. Let HEREBY CERTIFY Thet attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1 121 18921	Hast saw h an aliva on Oct 4 19 32	death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at \$30 m.M.	, abath is said
4/ 6.	2.3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done as SPINNER	7		Data of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	well him-	p. f. f.	
work wes done, as SILK MILL, SAW MILL, BANK, atc.		Cerebral Demorkhoge	10.3-3
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad lest worked et this occupation (month and year)	11. Total time (years) spant in this occupation		
-11	//:-	Other Cantributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Al mol	Historianin	2.6
E 13. NAME Henry Co	Iman	- July and a second	2002
13. NAME 14. BIRTHPLACE (city or town)	A. Cr	Name of oparation Date of	
(Stata or country)	mal.	Whet tast confirmed diagnosis?	utonsy? MI)
15. MAIDEN NAME Sarah	Cross_	23. If death was due to external causes (VIOLENCE) fill in also the following	
I5. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	mapolis	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	mar.	Where did injury occur?	
17. INFORMANT arak (Address) / manum	hash	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Ocx 2 21	Manner of injury	
Plece / France / Fell Di	ate (1900), 1900	Nature of injury	
19. UNDERTAKER (Addrass) 2 6 Clay An	mahaliz	24. Was disease or injury in any wey related to occupation of decaesed?	
20. FILED Oct 6, 19 33	Muyely Registrar.	(Signed) Seage (Dasil) (Address) Mushing My	/ М. D.
If more blank	s are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting (1) S. No.	

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STREAD V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.—WRITE PL.

infor-

of OCCUPA.

Length of residence in city or town where death occurred yrs	wand number)
(a) Residence: No. Bristol, A. A. Co. St., Ward. (Claual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comince the word) Married, widowed, or divorced alie C. Courtney 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 19 8. Trade, profession, or particular in day, and year) 8. Trade, profession, or particular in day, and year) 8. Trade, profession, or particular in day, and year) 8. Trade, profession, or particular in hirsh work was done, as SPINKE, MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in hirsh work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 12. BIRTHPLACE (city or town) (State or country) Marvland 14. BIRTHPLACE (city or town) (State or country) Marvland 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mill ton H. Courtney, Jr. (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL (State or Name of Decay of the Mill of t	mos
Clust place of abode If noneraident give city or to	
3. SEX 4. COLOR OR RACE White Whosh And Service Solution Solu	u and State
Sa. If married, widowed, or divorced HUSBAND of GOVERNIE OF GOVERN	Н
58. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Jan. 29, 1858 7. AGE Years Months Days It LESS than 1 day,	, 193 3
S. DATE OF BIRTH (month, day, and year) Jan. 29, 1858 7. AGE Years Months Days It LESS than 1 day, hrs. of min. 75 19 8 10 Months Or min. 75 19 10 Months Or min. 75 10 Months Or min. 7	(Year)
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1858 7. AGE Years Months Days tf LESS than 1 day, hrs. of min. 75 9 8 1 day, hrs. of min. 8. Trade, profession, or particular kind of work dona, as SPINNER, Minister, Ret. 9. Now Keep Solor, as SPINNER, Minister, Ret. 10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year) 11. Total time (years) spent in this occupation (State or country) Maryland. 12. BIRTHPLACE (city or town) Unknown 14. BIRTHPLACE (city or town) Unknown 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown 17. INFORMANT Milton H. Courtney, Jr. Specify whether injury occurred in INDUSTRY, in HOME, or in PUB (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL 19. AGE 11. Total time (years) spent in this occupation 10. Other Contributary Cross of importance: Public of the date stated above, at 9 m. 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town) Waryland. 13. NAME UNKNOWN 14. BIRTHPLACE (city or town) UNKNOWN 15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN 17. INFORMANT Milton H. Courtney, Jr. Specify whether injury occurred in INDUSTRY, in HOME, or in PUB 18. BURIAL, CREMATION, OR REMOVAL 19. Address) Bristol, Md. 19. Manner of injury	inded daceased fr
7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, Winister, Ret. 9. Industry or business in which work as done, as SPINNER, Winister, Ret. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Maryland. 13. NAME unknown 14. BIRTHPLACE (city or town) unknown 15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) unknown 17. INFORMANT Milton H. Courtney, Jr. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUB (Address) Bristol Md. 18. BURIAL, CREMATION, OR REMOVAL	72'
8. Trade, profession, or particular kind of work dona, as SPINNER, Minister, Ret. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL Manner of injury.	,
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL DATE OF THE COURT OF	
(State or country) 13. NAME	4
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Date of injury (State or country) Name of operation What test confirmed diagnosis? Was the Accident, suicide, or homicide? Specify city or town, country Spacify whether injury occurred in INDUSTRY, in HOME, or in PUB Manner of injury	
14. BIRTHPLACE (city or town) UNKNOWN (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) UNKNOWN (State or country) 17. INFORMANT Milton H. Courtney, Jr. (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL	
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16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Milton H. Courtney, Jr. (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL DESCRIPTION AND ADECRACE OF M. M. COURTNEY STATEMENT OF M. COURTNEY	e an autopsy?
16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT Milton H. Courtney, Jr. (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL Date of injury (Specify city or town, country a Spacify whether injury occurred in INDUSTRY, in HOME, or in PUB Manner of injury Manner of injury	lowing:
(Specify city or town, county a specify whether injury occurred in INDUSTRY, in HOME, or in PUB (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL parallel and the process of the public of th	, 19
17. INFORMANT MILTON H. COURTNEY, Jr. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUB (Address) Bristol, Md. 18. BURIAL, CREMATION, OR REMOVAL Plantage of Md. Oct. 9 33	18
18. BURIAL, CREMATION, OR REMOVAL No. Aberdeen Md. Oct. 933	C PLACE.
na Aberdeen Md. o. Oct. 9 33 Manner of Injury	
Nature of injury	
19. UNDERTAKER John 1. Taylor 24. Was disease or injury in any way related to occupation of deceas	j?
(Address) Annapolis Nd. If so, specify We have the solution of	
20. FILED UTD 19 23 (Signad) (Signad) (Address) Que abole M	

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Chronic interstitial nephritis	1921	Run over by street c	in	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	100 v 1833	3 days ago
			CEASEDER	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	1923 Gastroenteritis		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09794
1. PLACE OF DEATH	940
County Anne Dunc	Registration Dist. No. 20
Village or City May	ND. St., Ward
Length of residence in city or town where deeth occurred all yes mos	death occurred in a hospital or institution, give its NAME instead of street and number) ———————————————————————————————————
2. FULL NAME theee Danton	
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Color 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	I last saw harmalive on Det 30 % 19.3 B; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
73 6 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
P Trade profession or positioning	Augua Toctorio, Perostas
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
No Patients of Mark done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Control of Control
12. BiRTHPLACE (city or town) (State or cognity)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Maron	23. if death was due to external causes (ViOLENCE) fill in also the following:
15. MAIDEN NAME Ama Maron 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country) // any law	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Color Control Color Co	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date 100 d. , 1933	Neture of injury
19. UNDERTAKER NOTE. Junt 15	24. Was disease or injury in any way related to occupation of deceased?
(Address) (lun expolis	If so, specify
20. FILED Nov 1, 19 23 Codward Collinson Registrar.	(Signed) AM. D. (Address) Developed Hills

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GEATEGER		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAN PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-ion, give its NAME in--amber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX MARRIED, S. WIDOWED OR DIVORCED HEREBY CERTIFY, That I attended the deceased from (Write the word) 6 DATE OF BIRT that I last saw h. M. alive on (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.ds. or min. ? OCCUPATION (a) Trade, profession or particular kind of work 0 (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondar (State or country) (Duration) IO NAME OF (Signed) FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether (State or country) Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) state Inthe At place OF MOTHER State,yrs...... mos of death.... yrs, mos. ... da. 00 (State or country Where was disease contracted, of shoul if not at place of death?..... Every item CIANS shou statement of DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratogu St., Balto., Requesting V. S.

BINDING

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

atate occupation at beginning of illness. If retired from or given up on account of the disease causing DEATH, ployed, as At echool or At home. Care should be taken en at home, who are engaged in the duties of the tired 6 yrs.). For persons who have no occupation. business, that fact may be indicated thus: Farmer gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salury), may be entered as Housewije, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons enlaborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-(a) Foreman. (b) Automobile factory. sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification As examples: (a) The material The ques-1.64.

Exacement of Cause of Death—Name, first, the pixture causing death—(the primary affection with respect to time and causalion), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

ment head of "contributory." conditions, such as "Asthenia," "Anaemia" Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetunus) may be stated under the train-acoident: Revolver wound of head-homicide; State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. mges, peritonacum, etc., Caroinoma, Sarcoma, etc., of ture, of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL. SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions." "Debility" ("Congenital," "Senile," etc.), Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms);(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; of cause of death approved by Committee on FOR VIOLENT DEATHS STATE MEANS OF INJUST Chronic valvular heart disease; (Recommendations on state-Example: Mensles "Coma," "Haemor-Measles; (merely (second-(discuse "Conetc.

tions enswered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09796

1. PLACE OF DEATH County Anne Arundel Village or City Eastport (If d Length of residence in city or town where death occurred yrs, mos.			Registration Dist. No. 21 No. 77 Chesapeake Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds						
						2. FULL NAME JOHN WI	LLIAM DRI	URY	
						(a) Residence: No. 77 Ches	Sapeake A' (Usual place of		St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRI OR DIVORCED married	ED, WIDOWED, (write the word)	21. DATE OF DEATH October 8 ,193 3 (Month) (Day) (Yeer)						
5a. If married, widowed, or divorced HUSBAND of Nary A. (or) WIFE of	Drury		22. I HEREBY CERTIFY That lattended decessed from						
6. DATE OF BIRTH (month, day, and year) 41 U	g. 2. 18	76	I lest saw h alive on Oct 1, 1933; death is said						
7. AGE Years Months 5 7 2	Deys 6	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:						
9. Industry or business In which	Laborer treet cle	e (years) in this	Cancer of Postsh 29						
12. BIRTHPLACE (city or town) Anna I	7 .	THOM	Other Contributory Causes of importance:						
E 13. NAME Thos. Jeffer	rson Drur	У	P. 7.11 moll kedue 1/1						
14. BIRTHPLACE (city or town) A. A. County (State or country) Maryland.		У	Name of operation was there an eulopsy?						
15. MAIDEN NAME Largaret	Gatton		23. If deeth was due to external causes (VIOL ENCE) fill in also the following:						
[16. BIRTHPLACE (city or town)	aryland.		Accident, suicide, or homicide?						
17. INFORMANT Mrs. John Wi (Address) Eastport.		uty	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
18. BURIAL, CREMATION, OR REMOVAL Plece St. Marys Cemt	t. Date Oct.	10,1933	Menner of injury						
19. UNDERTAKER John M. Taylor (Address) Annapolis, Md.			24. Was disease or injury in any way related to occupation of deceased? If so, specify						
20. FILED / 6 / 1 , 19 3 3	1911/m	b Le Registrar.	(Signed) Must have M. D.						

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car . A A A A A A A A A A A A A A A A A A	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MOA € Tabb	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EUDTHER CTATEMENTS DV DUVSICIAN

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN
-	
-	

V. S. No. 1 B. ż

infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 09797
1. PLACE OF DEATH	92-00
County a. a. County	Registration Dist. No. 22
Village or City Montervaleo	NDSt,Ward
Length of residence in city rown where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
Vial 1) anto-	9/2.0008-
2. FULL NAME ON THE WORLD	ganger
(a) Residence: No. // OUCV COVED (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Sexial white Wilowed	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	,
(or) WIFE of anknown	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Die 23, 1850	Hast saw h alive on or 10, 19, 3 } daath is sald
7. AGE Years Months / Days If LESS than	to have occurred on the date stated above, at
32 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular	Chome Myreadele Date of one et
sawyer, Bookkeeper, etc. House Deeper,	Chu Endradel
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) LEMMANUS.	Other Contributory Causes of importance:
(Stata or country)	
13. NAME William Hamabal	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (atherma)	23. If death was due to axternal causes (VIDL ENCE) fill in also tha following:
16. BIRTHPLACE (city ar town)	Accident, suicide, or homicide? Date ef injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT MONEY WELL WONGENEY	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Date UCI 193	Natura of Injury
19. UNDERTAKER Wedle Will Wasseldown	24. Was disease ar injury in any way related to occupation of deceased?
(Address) Gaurel Mids	If so, specify
20. FILED CEFT 1933 Dane in Hasluft	(Signed) 7 /3 /2
olocal, Refistrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

Exact statement of

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

(Address)

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.-WRITE PLAINLY,

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 09798	
1. PLACE OF DEATH	183	
County ann arundal	Registration Dist. No. 21	
Village or City Majer Stalion	No. St. Ward	
(If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death accorredyrsmos.	2 /ds. How long in U. S. If of foreign birth?yrsmosds.	
2. FULL NAME // (IRE GIREN	20182	
(a) Residence: No. Bown Raiel Track	St. 7 - Ward. M4	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or 10wn and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Oct. 14 193 3	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
	November 8, 1933, to 19	
6. DATE OF BIRTH (month, day, and year) Olufanow 1702	I last saw h; death is said	
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at	
3/	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER.		
A Hade profession, or particular than the state of the st	Drownsd	
work was done, as SILK MILLY SAW MILL, BANK, etc		
10. Date deceased last worked at 11. Total time (years)		
this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or town) Toronto Canada	Other Contributory Causes of Importance:	
(State or country)		
I3. NAME		
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME ON SETTING TO TOWN OF THE PROPERTY OF THE PROP	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accidenth Date of injury 19	
E (State or country) Uniform	Where did injury occur?	
17. INFORMANT A) HOWKWOOD (Address) Burens ma Sac June	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAR.	Manner of Injury	
Placellmafeotro M. Date Wol 9 ,19	Nature of Injury	
19. UNDERTAKER B I Hoffmag	24. Was disease or Injury In any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrat.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNAU V	1332-1		
Other contributory causes of importance:		Other contributory causes of importance:	1619
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	OR FI	URTHER ST	ATEMENTS	BY	PHYSICIAN
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TH UNFADING INK-THIS IS A PERMANEN

PHYSICIANS should state

stated EXACTL

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINLY, V

properly classified.

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ECORD. Every

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH				91-20)
County Anne Arundel				Registration Dist. No.
Village or City_	Crownsvil	le Stat	e Hospit	A No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance	in city or town where d	leath occurred3	(If yrs8mos	death occurred in a hospital or institution, give its NAME instead of street and number) 24 ds. How long in U.S. if of foreign birth?
2. FULL NAME	Tho	mas Gre	en	
(a) Residence: N	vo. Cri	Sfield,	Maryland abode	St., Ward. If nonresident give city or town and State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 10th (Day) (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	r divorced			22. I HEREBY CERTIFY, Thet I attended deceased fro January 16 19 30to October 10 19 30
6. DATE OF BIRTH (mont	h, day, end yeer) 1	.890		least sew h_im_alive on_October 10_,1933; deeth is se
7. AGE Yeers 43	Months Unk	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, et 5 : 25 A m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, kind of work of SAWYER, BOO	done, as SPINNER, KKEEPER, etc	L	aborer	Acute endocarditis 1 wk
work was done	essin which a, as SILK MILL, NNK, etc			
SAW MILL, BA To. Data deceased las this occupation year)	(month and	= 11. Totel til	ma (years) It in this petion	
12. BIRTHPLACE (city or t (Stata or country)	town) Mary	land		Other Coutributory Causes of Importence: Osteomyelitis of jaw (right side) at least 1 yr
13. NAME J	oseph Gre	en, dead	1	a. Least 1 yi
I	or town)			Nema of operation Dete of West hare en au'opsy?
15. MAIDEN NAME	Annie Ou	ten, des	d	23. If death was dua to externel ceuses (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Annie Outen, dead 16. BIRTHPLACE (city or town) Maryland (State or country)				Accident, suicida, or homicide?
17. INFORMANT Hospital Records (Address) Frownsville, Maryland			cyland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Or pulse curelandate 19			/,19	Manner of injury Nature of injury
19. UNDERTAKER & P. Wrileworke Duft (Address) Operante Tud			pt	24. Was diseesa or injury in any way related to occupetion of deceas 0?
20. FILED Det 13 , 123 Et Joyce			Registrar.	Signed Address Grown Swille

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Example I			Example II		
The principal cause of of importance were as f			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis BUREAU V.		5. 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
198	CENTED				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
3	UREAU V. S.				
				1	

100	
	^

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY,

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 27 solery
1. PLACE OF DEATH	709800
County a.a.	Registration Dist. No. 90
Village or City heandonered	No. St., War
	Il death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME annie . V. Tim	ese.
(a) Residence: No. Dandanulle and (Usual place of abode)	St., Ward. Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Oct. 26" 1933
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of John as Grands	22. HEREBY CERTIFY, That I attended deceased from
0 = 1000	Jeh 21 1933, to Oct, 26, 1932
6. DATE OF BIRTH (month, day, end year) (may 3 - 188)	I liast saw her alive on UCT LO , 19.33; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Je de de la companya
	- Volume Care
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
- I this occupation (month and) Spailt in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). Wardsonweel w	
(State or country)	
13. NAME Leven Hardy	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Geog and fore	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
(Stete of country) (yman, em)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Well IT INSTITUTE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Dandenville morphy) 18, BURIAL, CREMATION, OR REMOVAL	Manage of failure
Piace Manuelsonville be Date Col 28 14, 193 3	Manner of injury
1 4 21 2his	Notice of impary
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
Detail ale de la	(Signed) that are Hand a M
20. FILED (1) CA & LS., 1930 AUTO Registrar.	(Address) Danid Saniale Mil
	, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement H UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 09801
1. PLACE OF DEATH	(45)
County And Aounal	Registration Dist. No.
Village or City Landhellan Sel	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hopital or institution, give its PAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nimrod Haney	h 1/ D/
(a) Residence: No. 4 ammon 25 Felly (Usual place of abode)	OSQ Ward. Tammond Mace If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Couries the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE OF	22. I HEREBY CERTIFY, That Vattenday deceased from
with the state of	15 Aug 1933, 10 26 Wet 1933
6. DATE OF BIRTH (month, day, and year) 20 Jany - 1807	I last saw h. L. alive on 26 Oct 1933; death is said
7. AGE Years C.W Months Days If LESS than 1 day,	to have occurred on the date stated above, at
0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SP(NNER, SAWYER, BOOKKEEPER, etc. 9. Hidustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and a snant in this spant in this spa	Mouth +
9. Hodustry or business in which work was done, as SILK MILL.	Thorax L
work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years)	1970
this occupation (month and 425 spant in this 50 year)	1.70
12. BIRTHPLACE (city or town) Rockingham County	Other Contributory Conses of Importance:
13, NAME DON! HANS V	
14. BIRTHPLACE (city or town)	Name of operation Pancery mouse Date of 930
(State or country)	What test confirmed diagnosis? Came Was there an autopsy?
15. MAIDEN NAME MARY SIORS	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME OF SIGES 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida? Do Date of Injury 19
S (State or country) / 179mil	Where did injury occur?
17. INFORMANT AS MERANIEL Hancey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lint freym Alefato 1111	700
Place I Marso Act Date Oct 28 1993	Manner of Injury
7. 1-1 -18 02 700	Nature of Injury
19. UNDERTAKER Jolly V Hingletge Me (Address) Junther Cum Height	24. Was disease or Injury in any way related to occupation of deceasad?
20. FILED. Oct 70, 1933 aldwell Woodruff Registre.	(Signed) WWW US OF TRYS M. D. (Addrass) Sent hieram Second
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. May land

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	and the state of t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ciassifie (If death occurred in a hospital or institu-Ward) tion, give its NAME Innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED Write the word I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) and that death occured on the date stated above, at land 7 AGE IIf LESS than I day hrs The CAUSE OF DEATH * was as follows: B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 0 10 NAME OF FATHER 11 BIRTHPLACE RENTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 11/1 ALIE LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER OCCUP ients or Recent Residents) 13 BIRTHPLACE OF MOTHER vis......ds. State..... yrs.....mos. (State or country) O Where was disease contracted, if not at place of death? shoul 14 THE ABOVE IS TRUE TO Every item CIANS shou statement o usual residence DATE OF BURIAL (Address) 20 UNDERTAKER Registras If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN



REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," ets., without more precise specification as Day laborar, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Poreman, For many occupations a single word or term on or At Home, and children, not gainfully emwho are engaged in the duties of the For persons who have no occupation (b) Automobile fuctory. The material Grocery;

s inal meningitis"; Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Carchrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. (secondary or intercurrent) affection need "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,
> "Exhaustion," "Heart failure," "Haemorrhage,
> "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of death approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsas, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicite; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Corna," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumousia (secondary), resulting from childbirth or miscarriage as cough; Chronic Example: Mensics (disease etc. The contributory vulvular. heurt " "Shock," Measles ; not be



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- (25)
County Agrile Cyclin	Registration Dist. No. 22
Village or City Plane	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrs	
2. FULL NAME Lilla Le	brown
(a) Residence: No.	St., Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of Musics Helows	3 193 \$ 10 er 2 1938
6. DATE OF BIRTH (month, day, and year) Manche 17 1889	I last saw h_ allve on
7. AGE 1 Years Months Days If LESS than	to have occurred on the date stated above, at
42 6 15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	1 Day
kind of work done, as SPINNER, Touseur	Julmy dutulnis ?
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Sutter	
14. BIRTHPLACE (city or town) Johnson	Name of operation Date of
(State of County)	What test confirmed diagnosis? Spulse Mas thele an au'opsy? he
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Authorities	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Muses Helving (Address) Lessey mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Place Date Date 193=	Manner of Injury
19. UNDERTAKER / hr C A RECO	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Oct 5, 1933 Clara My Dasleip	(Signed) Son furnel M. D
Kocal Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes	
Date 01 011361	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	10
for suthorization Ochange age see letter under &	taslus.
	V

V. S. No. 1

STATE OF	MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Clime Coruna	lel	Registration Dist. No. 25
Village or City Markey		No. Brandon Shore Rd St, War
Length of residence in city or town where death	occurredyrsmos	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Mary	Holmes tota	1
(a) Residence: No. Bag	under There (Usual place of abode)	RA Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White ?	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH 28 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamuel #	1 1 11	22. S HI HEREBY CERTIFY, That, I attended deceased fro
1	4 10 1070	1914, 10 Oct. 78, 19 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days if LESS than	I last saw hew alive on Q 1,19 3 ; death is sai
81	16 day,hrs.	to have occurred on the date staled above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importanco were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	1	Date of one
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this persuation (month and	nework	Let Hemiplegea Suft.
work was done, as SILK MILL, at 12.	me	13
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	192
12. BIRTIIPLACE (city or town)		Other Coutributory Causes of importance:
(State or country) Mary to	ind	Chamil Jose and till
13. NAME Learge Will	ing	Mejbrilia.
14. BIRTHPLACE (city or town) - 4	0	Name of operation Date of
(State of Country)	any	What test confirmed diagnosis? Was there an autopsy?_#
15. MAIDEN NAME Inhum 16. BIRTHPLACE (city or town).	~ /	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	and	Accident, suicide, or homicide? Date of injury, 19
0,0 In Ou	00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MENERA My (Address) Brandon Phore	Rd. marler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	A + sa akom	Manner of injury
Place Cellar Hill Da	te OC 31,1933	Nature of injury
19. UNDERTAKER John F. L	Denny	24. Was disease or injury in any way related to occupation of deceased?
(Address) 715 Light		If so, specify
20. FILEDO N 30 , 1933	M. Whilson Registrar.	(Signed) Wills in ACVIXC M. [(Address) 48/3 Canny to Tree.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example L	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N B

STATE OF MARYLAND—CERTIFICATE OF DEAT

1. PLACE OF DEATH	09805
County Anne Arundel	Registration Dist. No.
Village or City Grownsville State Hospi Length of residence in city or town where death occurred 1 yrs. 3 mo	t 2 1 No. St., Ward if death occurred in a horpital or institution, give its NAME instead of street and number) 1. J. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Annie Hyland (a) Residence: No. Wicomico County, Maryl (Usualplace of abode)	andst., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH October 8th (9ay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Unknown	22. I HEREBY CERTIFY, That I attended deceased from July 1st 1932, to October 8 1933
6. DATE OF BIRTH (month, day, and year) 1874	Hast saw h.er alive on October 8th , 19. 33; death is sald
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at 5 : 15 An, W. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oato deceased last worked at this occupation (month and spent in the second in the	Epilepty
10. Oato deceased last worked at this occupation (month and occupation occupation) 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance: Epileptic convulsions
13. NAME Will Jones, dead 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Martha Dashields, dead 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BORIAL GEMATION, OF REMOVAL Date 9/3 33, 19	Manner of Injury
19. UNDERTAKER DVK. P. Willerose Oups	24. Was disease or injury in any way related to occupation of deceased?
20, FILEO CC 13, 1933 Registrar.	(Aigned) Crownsville Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example			Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	w 4 1933	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S	July 5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(8) d)	7000
County Anne Arunde	5.7		Registration Dist. No. 21	
Village or City Crown St		c) (If	1 t and	ward number)
	Jenning			
	rundel (County	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX remale 4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 16th (Month) (Day)	, 193 3 - (Year)
5a. If married, widowed, or divorced HU3DAND of (or) WIFE of William	Nimrod	Jennings	22. I HEREBY CERTIFY, That I attended July 23rd, 19 31, to Oct. 16	deceased from
6. DATE OF BIRTH (month, day, and year)			Hast saw h.er alive on Qct. 16 19 33	; death is said
7. AGE Years Months 44 Unio	Days Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1:154m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc	spe	ime (years) ntin this upation	Hemiplegia	
12. BIRTHPLACE (city or town) MOT-Y (State or country)	land		Dther Coutributory Causes of Importance: Phlebit is of right foot	?
E 13. NAME Daniel Thom	es, des	d		-
13. NAME Daniel Thom 14. BIRTHPLACE (city or town) MERY (State or country)	land		Name of operation Date of What test confirmed diagnosis? Was there an in the confirmed diagnosis and the confirmed diagnosis? Was there are in the confirmed diagnosis? Was the confirmed diagnosis? What test confirmed diagnosis? Was the confirmed diagnosis? What test confirmed diagnosis? Was the confirmed diagnosis? What test confirmed diagnosis.	
1			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	, 19 te)
18. BURIAL, CREMATION DR REMOVAL	Date/0-		Manner of injury	
19. UNDERTAKERS & H.B. Pa (Address mapolis n 20. FILED / 1/7 19 33	sker In	Mph.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Ardress) CTO WTIEVILLE MET YIE	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name-other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.

Admitted July-23, 1931
Died Oct. 16, 1933

V. S. No. 1

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	item o	lnoys ;	of OC	
	D. Every	SICIANS	tatement	/
	(ECOR	PHY:	Exact si	
	INLY, TH UNFADING INK-THIS IS A PERMANEN (ECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
	IS A PER	stated E	properly c	important. See instructions on back of certificate.
1	IIS	be s	be I	of c
	NK-TE	pluods	it may	n back
	JUNG F	AGE	so that	ctions o
	CNEAL	pplied.	terms,	instru
	H	ully su	plain	t. See
	NLY,	e caref	ATH in	nportan

	STATE OF	MARYLAND-	-CERTIFICATE OF DEATH	00000
1. PLACE OF DE	ATH	A STATE OF THE STA	82.0	03801
County	Anne Arun	del WIT	HIN CORPORATE LIMITO OF Registration Dist. No.	21
Village or City	Annapolis		No. 88 Charles s	t., 2 Ward
Length of residence is	n city or town where deatl		If death occurred in a horpital or institution, give its NAME instead of stree sds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME	ANNIE LO	UISE JOHNSON		
-	. 88 Charl		St. 2 Ward.	
` .		(Usual place of abode)	If nonresident give city or tow	n and State
		AL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
	white s.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Wildowed	21. DATE OF DEATH October 30	, 193_3 (Year)
5a. If marriad, widowed, or d HUSBANO of	livorced			
	ward L. Jo	hnson	22. OT HEREBY CERTIFY That leath	3/1 37
6. DATE OF BIRTH (month,	TITE (see bos veb	v 1. 1861	I last saw h exalive on Oct 29 th 19	37 death is said
7. AGE Years	Months	Oays If LESS than	to have occurred on the data stated above, at	and the said
72	3	29 I day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profassion, or	r particular		The fo	Oate of onset
SAWYER, BOOKE	na, as SPINNER, KEEPER, etc.	one	apopuyy.	
work was dona, a	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and		/ / /	
10. Data decaased last this occupation (in year)	worked at month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or tow	Richmon	d	Other Contributory Causes of Importance:	
(Stata or country)	Vir	ginia.	N.13 (
13. NAME Char	les M. Val	entine		
13. NAME Char 14. BIRTHPLACE (city or (State or country)	r town) Richm	ond. ireinia.	Nama of operation Date	
15. MAIOEN NAME	ann Kendr		What test confirmed diagnosis?	
15. MAIOEN NAME 16. BIRTHPLACE (city or (State or country)	town)	rginia.	Accident, suicide, or homicida? Date of Injury	
17. INFORMANT Mrs. (Address) Ann	Virginia	Frengle, Daugh	Where did injury occur? (Specify city or town, county as Specify whather injury occurred in INDUSTRY, in HOME, or in PUBL	d State) IC PLACE.
18. BURIAL, CREMATION, OF	REMOVAL	m -1.	Manner of injury	
Placa R1 Chm	ond, Va.	Date 1605. 1, 1933	Natura of injury	
19. UNOERTAKER John (Address)	n M. Taylo	r,	24. Was disease or injury in any way ralated to occupation of decease	d?
20. FILEO / 6 > 3 /	, 19.35	Alsoft Registrar.	(Signed) (Address)	M. D.
	If more blan		, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.	149

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car A AVANAGE	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	RHERRIER	STATEMENTS	DV	DHVSICIAN
ADDITIONAL	STAUL	run	PURIFIER	STATEMENTS	15 I	PHISILIAN

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	202
1. PLACE OF DEATH	a l -	(3)	0
County	100	Registration Dist. No.	1
Village or City	New Muy Val	No. St.,	Ward
Length of residence in city or town w	nere death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Dal	of Johnson S	till born)	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	S
PERSONAL AND STAT	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX . 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Letoner 6	, 193.3.
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	actober 6,1933		
7. AGE Years Month	Days If LESS than	to have occurred on the date stated above, at	
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:	D.4 (
8. Trade, profession, or particular kind of work done, as SPINNER			Date of onset
SAWYER, BOOKKEEPER, etc		1-00	
work was done, as SILK MILL, SAW MILL, BANK, etc.	**********	- Celf J	
- I was occupation (month and	11. Total time (years) spant in this	To.	
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	and half	- Ing	
13. NAME Jenerdy	lohis on	/ to N	
14. BIRTHPLACE (city or town)	8 a. les.	Name of operation	
(State or country)	md.	What test confirmed diagnosis? Was there an a	opsy?
15. MAIDEN NAME	es Kraft	23. If death was due to external causes (VIOLENCE) fill in also the following	
0 16. BIRTHPLACE (city or town)	Bulto il	Accident, suicide, or homicide? Date of injury	, 19
State or country)	o Ve	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / 1/2 . (Address)	endmine md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	from mit a	Manner of Injury	
Private Burist at Dent	WCL offer Och 6, 19 23	Nature of Injury	
19. UNDERTAKER William &	Johnson	24. Was disease or injury In any way related to occupation of deceased?	
(Address) / Millersi	alle ma.	If so, specify	
20. FILED //3 , 1933	AN COLUTA	(Signed) Surface alender	The M. D.
If :		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	(

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	#	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE STATE OF S.	,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	f in	s p	CUI	
1	o ma	houl	00	/
	y ite	S	t of	
	ver	IAN	men	
	D. I	SIC	tate	
	COR	PHY	ct s	
	E.	Ξ.	Exa	
•	N	I.	d.	
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	RM	XA	clas	
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	AIN	q p	DE/	y im
	PL	hon	OF	ver
	ITE	s uo	SE	N is
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TOON is very important. See instructions on back of certificate.

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF M	ARYLAND-	CERTIFICAT	TE OF DE	ATH
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-/	U	9	U	47

:	I. PLACE OF DEATH			(87-E)	
County Anne Arundel				Registration Dist. No.	
	Village or City Crownsvil) (If	death occurred in a hospital or institution, give its NAME instead of street and	· ·
			yrs, _ mos	ds. How long in U.S. if of foreign birth?yrs,m	osos.
		Jones	has free		
	(a) Residence: No. Baltil	ore, Ma		St., Ward. If nonresident give city or town and	State
(PCEED	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	*** **
3.	male black	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Tried	21. DATE OF DEATH October 16th	, 193 3
5a.	If married, widowed, or divorced HUSBANO of (A) ##5-of Fanny Jon	1e s		22. 1 HEREBY CERTIFY, That I ottended Sept. 14th 1933 to Oct. 16th	
	DATE OF BIRTH (month, day, end yeer)	.898		Heterwhim october 16th 3	deeth is said
_	AGE Years Months	Days Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et. 8:05P m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	, decti 15 said
_	8. Trade, profession, or particular		l ormin.	were es follows: Cystic tumor of brain	Data of onset
10	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	kind of work done, as SPINNER, batffeur SAWYER, BOOKKEEPER, etc.			
OCCUPATION	9 Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc				
000	10. Date deceesed last worked et this occupation (month and year)	11. Total t	time (years) ent in this upation		
12.	BIRTHPLACE (city or town)	ington,	D. C.	Other Contributory Causes of importence: Unknown	?
ER	13. NAME Fred Jones				
FATHER	14. BIRTHPLACE (city or town)	rginia		Name of operation	-
F/	(State or country)			What test confirmed diegnosis? Was there en a	u'opsy2
MOTHER		liams		23. If death was due to external causes (VIOLENCE) fill In elso the following	163
OT	16. BIRTHPLACE (city or town)	rginia	*	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)			Where did Injury occur?	
17.	INFORMANT Hospital R (Address) Crownsvil		yland	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL Place The Columny	Oct 120	193	Manner of injury	
19.	UNDERTAKE O W LOGGE (Address)	2	- Balla mu	24. Was disease or injury in any way related to occupanon of deceased?	ARRAM.
20.	FILEOUCK 18, 1933	106	Registrar.	(Singled) (Address) CDO Wins ville Wervler	M.D.
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitory	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonities C	3 days ago
		1885	D1 = 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. H UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF	MARYLAND—	CERTIFICATE OF DEATH 09810
1. PLACE OF DEATH	7.1	
County The Ato	under	Registration Dist. No.
Village or City Oll M	sel Brance	No. St., Ward
Length of residence in city or town where deal		f death occurred in a hospital or institution, give its NAME, instead of street and number)
TIM	in occurradyrs,mos	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME SULLIV	100/	
(a) Residence: No.	/ WW	St., // Ward.
DEDCOMAL AND CTATIOTIC	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC 3. SEX 4. COLOR OF RACE 5		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vaar)
Sa. If married, widowed, or divorcad HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY, That I attanded daceased fro
	1/1/1/22	, 19, to, 19, 19
5. DATE OF BIRTH (month, day, and year)	ULA-1912	1 last saw h; death is sal
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.
//	ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, of particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	/	Af fl for
SAWYER, BOOKKEEPER, etc.	1	NULL OUT
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	MI	
10. Data deceased last worked at	11. Total tima (years)	A And plat at
this occupation (month and year)	spent in this	1 7/ 1 1 1
12. BIRTHPLACE (city or town) Just note	4 Poranch	Other Coutributory Causes of Importance:
(State or country) Totally	n Menezla	
13. NAME Joseph A La	otino	
13. NAME OSCAL HAR	Dolés	Name of operation
(Stata or country)	estant	What test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	Braus	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	+ , al-	Accident, suicide, or homicide? Data of injury
E (State or country) Man	gland,	Where did injury occur?
17. INFORMANT Multred (Address)	Klarkin	(Specify city or town, county and Stote) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Place A	Data, 19	Nature of injury
ppoper	1 3/	
19. UNDERTAKER (Address)	rice 1	24. Was disease of injury in any way related to occupation of deceased? If so, specify
20, FILED /SULX , 1933 / KUM	Vell Woodsuff	(Signed) W. M. M. (Address) M.
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II The principal cause of death and related causes Date of onset of importance were as follows:		
The principal cause of death and related coof importance were as follows:	auses Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN

V. S. No. 1 2 CTATE OF MADVIAND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	I MARTEAND	CERTIFICATE OF DEATH 399811
County a Ce.	WITHIN CORPOR	Registration Dist. No.
Village or City Church	0	No. St. Ward
	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	1 1 10 0	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Odwa	ud Tr. Ma	gruder
(a) Residence: No. Clery	(Usual place of abode)	— St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH OF 134 (Day) (1933 (Year)
5a. If married, widowed, or divorced HUSBAND of	Magruder	22. I HEREBY CERTIFY, That I attended deceased from
(or) Wife of Matthe Lee	- mayaneo	19 to 19
6. DATE OF BIRTH (month, day, and year) He	v 17 ch 1888	I last saw h alive on, 19; death is seid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
44 10	26 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER.	the m. be	
SAWYER, BOOKKEEPER, etc.	annies maker	Tractured Skull
work was done, as SILK MILL, SAW MILL, BANK, etc.	unholsterer	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Do Date deceased last worked et this occupation (month and	11. Total time (years)	
year)	spent in this occupation	Ou 0 . d . d . d . d . d . d . d . d . d .
12. BIRTHPLACE (city or town) Bal	limere	Other Contributory Canses of importence:
(State or country)	nud.	
13. NAME Gavend 1	Magruda	
14. BIRTHPLACE (city or town)	Climere reed	Name of operation Date of
(State of country)		What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME & Ciga 16. BIRTHPLACE (city or town)	Moring	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	uhnorne	Accident, suicide, or homicide? Accidente Pate of injury 10-13, 19 33
(State of country)	200	Where did injury occur? Defense Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PyBLIC PLACE.
17. INFORMANT Touces a. (Address) 51 Dieb St.	Magrudey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	rejeman or	Manner of injury auto accedent
Place Cheyander Va	Date 60 14, 1933	Neture of injury
19 UNDERTAKER Willeam De	maring In	24. Was disease or injury in any way related to occupation of deceased?
(Address) acrayle	i Va.	If so, specify
20. FILED / 0 13 , 19 33	Marsh La.	(Signed) Thomas of Jacob 1900 (Address) Compatibility well
If more bl	anks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, V

V. S. No. 1

TION is very important. See instructions on back of certificate.

	-CERTIFICATE OF DEATH 09812
1. PLACE OF DEATH	(gyd.)
County a Q.	Registration Dist. No.
Village or City Skales	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME My, Charlott I Man	fold
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. StNGLE, MARRIED WIDOWED, OR DIVORCED office tha word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of when Manifold	22. I HEREBY CERTIFY, That I attended deceased from 1929, to Oct 7, 1972
DATE OF BIRTH (month, day, and year) Just 25, 1871	I last saw her aliva on Of 17 193); death is said
AGE Yaars Months Days if LESS than	to have occurred on tha date stated above, at 1270 Pm.
62 0 22 t day,hrs	The Arthory CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	June of hair : Genign. Data of one of ?
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this necuration (month and	Culps House
10. Oate deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) — J.	Other Contributory Causes of importance: Paralysis of face & the Coffee
13. NAME Wen H. Rogers	
13. NAME Went, Rogers 14. BIRTHPLACE (city or town) Jul-4 (State or country)	Name of operation Date of
X / /	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME atterine Rogers 16. BIRTHPLACE (city or town) A. O. (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Manchen Manifold (Address) Deales ma	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OR REMOVAL COLLEGE SET 19133	Manner of injury
9. UNDERTAKER Nobt of ord. (Addiess) Friendship and.	24. Was disease or injury in any way related to occupation of deceasad? 160
20. FILEO. Oct 17, 1933 W.A. Claylor	(Signed) Augh Ward M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE F	OR F	URTHER	STATEMENTS	BX	PHYSICIAN

B.-WRITE PLAINLY, W

ż

V. S. No. 1

STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	098
-4-			(9)			

1. PLACE OF DEATH	(3)
· County Anne Lounder	Registration Dist. No. 2
Village or City Lin Thiesem Deante	MAND. MINTELSON DASI, Wal
	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosd
Length of residence in city or town where death occurredyrs	mosyrsmosyrsmosyrsmosyrs
2. FULL NAME	11 - Plocar
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 7 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
OR DIVORCED (write the	word) 1972 Octobro 193
5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased from
1 1 1 1/3	2 , to , to , 19 , 19 , 19 , 19 , 19
6. DATE OF BIRTH (month, day, and year) 14 Set 19 d	I last saw h; death is sa
	SS than to have occurred on the date stated above, atm,
or	
Trade, profession, or particular kind of work done, as SPINNER	Still Bent L
kind of work done as SP(NNER) SAWYER, BOUNKEFPER, etc.	Africa of 12 th
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	51001142017012
kind of work done as SPINNER SAWYER, BOOKEEPEN, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	Well for
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) enthreum Agto)	The valle unknown
(State or country)	
13. NAME OSCAL NOCAY 14. BIRTHPLACE (city or town) AND Lournell (
14. BIRTHPLACE (city or town) Anno Houndel	Name of operation Date of
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Sechial Site 16. BIRTIIPLACE (city or town) / P.D.C.I.D., S. T.O. I.C.C. (State or country)	23. If death was dua to extarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) / PLNCIN, Stolice	Accident, suicide, or homicide?
(State or country) Slovakia (oldHunga	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT USephine SITAY YOCA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) - 11 Milliam / Late / 18, BURIAL, CREMATION, OR REMOVAL	
Place Place Date	Manner of injury
	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 1933 (UNULL WOOD)	(Signed) MANULLIN HITO MANELLINA MAN
, Ke	glistrar. (Address) VIII William Tay of State of A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. . State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09814
County anne arundel	Bodishadian Diet No. 2.3
	Registration Dist. No. 💪 🔾
Village or City facoborles y asi	(If death occurred in a horpital or institution, give its NAME instead of street and number)
1 2- 0	mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Theodore Osbo	Grane
(a) Residence: No. Fort Janellwood 1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 33, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Florence LOsborne	22. HEREBY CERTIFY. That I attended deceased from
1. 1- 1857	t last saw h malive on Oct 73, 19 3 c death is said
6. DATE OF BIRTH (month, day, and year) Nov 3 /83/ 7. AGE Years Months Days tf LESS than	
81 // /8 1day,h	
8. Trade, profession, or particular kind of work done, as SPINNER, Petized	0 1 5 7 6
Tindustry or business in which	My Carde te. 1928
work was done, as SILK MILL, farmer	allew Schance.
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Mary Land	Cerebral humshage
13. NAME aldrick Osborne	
13. NAME Oldrick Caborne 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Mary Carr d	What test confirmed diagnosis? Www. was there an autopsy? 10
15. MAIDEN NAME Margaret Robinson	23. If death was due to externat causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Robinson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Mary land	Where did injury occur?
17. INFORMANT Mas Florence & Osborne (Address) Jacobrolle a a Co md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ma gothy Date how 36, 193	Nature of injury.
19. UNDERTAKER John & Denny (Address) 7/19 Licht St	24. Was disease or injury in eny way related to occupation of deceased? 760
20. FILED 16/24 1933 Watelda B. Dealba Delo Registrar.	(Signed) John Me Meganile M. D. (Address) Man Pours
	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WARGEN KESEKVED FOR BINDING MARGEN KESEKVED FOR BINDING MARIED FOR BINDING MARIED FOR BINDING MARIED FOR BENANEW REMARKS MARIED Should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exa TION is very important. See instructions on back of certificate.		田		Exa	
MAKGIN KESEKVED FOR THIS IS A MATION Should be carefully supplied. AGE should be state CAUSE OF DEATH in plain terms, so that it may be prop TION is very important. See instructions on back of certif	RINDING.	PERMANEN	EXACTL.	erly classified.	icate.
MARGIN RESERVED WRITE PLANLY, TH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	Š	IS	state	prop	certif
MARGIN KESEKVI —WRITE PLAKILY, TH UNFADING INK—TI mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back	D D	HIS	be	pe	Jo
WRITE PLANIX, mation should be careful CAUSE OF DEATH in TION is very important.	MARGIN RESERVE	H UNFADING INK-TI	lly supplied. AGE should	plain terms, so that it may	. See instructions on back
WRITE PLANLY mation should be ca CAUSE OF DEATH TION is very impor)	·	refu	in	tant
TI CL		VRITE PLANLY,	tion should be ca	NUSE OF DEATH	ON is very import
	0	1	H	Ç	E

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09815
1. PLACE OF DEATH	94E)
County Amy Arundel	Registration Dist. No. 52
Village or City Linthiaum Heights	No. Find Alast Staffen St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CAPEACE P OWEN	
(a) Residence: No. 1822 N. Caroline of (Usual place of abode)	St., Mardenthal Cuty town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sessie V Prigney	22. WHEREBY CERTIFY, That Vettended decessed from
6. DATE OF BIRTH (month, dey, end yeer) 3/11/1887	I lest sew h elive on, 19; deeth is said
7. AGE Yeers Months Days If LESS then 1 dey, hrs.	to have occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence wete as follows:
8 Trade profession or particular	Thanky Heart Distance Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc. 10. Date decessed last welked at this occupation (machine decessed) 11. Totel time (years) 2	fute attreb sutten let
10. Date deceased lest worked at this occupation (month and spant in this year)	Ilth Juntion a feel 193
12. BIRTHPLACE (city or town) Charles Co. my (State or country)	Dither Contributory Causes of importance: Immules 3
14. BIRTHELACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Australia Was there en eu'opsy?
	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT My Bessie Owen	Where did injury occur? (Specily city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OB REMOVAL Belleting of 123/33	Manner of Injury Neture of Injury
19. UNDERTAKER George D. Puth one (Address) 1935 Harfand George	24. Was disease or injury in any way related to occupation of decases?
20. FILED 21/ Oct, 1937 allotelles states	(Signed) M.D. M.D. (Address) Surfuelling Fest M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year
	Run over by street car Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN . //	/
This man was driving an automobile with a companion. We fell	1
basing has her fall secrimentell. Ne felt trather & can was	
Haspil the alighted walked black of can't slumped down	7
do ha, on the near Dorsey sta. on Hanow Race road near	
Do roughout about in on Was accompanied by Miss Beatrice	
George of 511 East 20th St. Baltunion ate.	

			F MAR	YLAND-
1	L. PLACE OF DEA			
	Countynne	rundel		
	Village or City	nnapolis	5	(1)
	Length of residence in c	ity or town where de	ath occurred	yrs,mos
	2. FULL NAME	Heler	n Paska	
	(a) Residence: No.	West Ann	na polis (Usual place	of abode)
-8/30	PERSONAL AN	D STATISTIC	CAL PART	CULARS
3.	SEX 4. COLO	OR OR RACE		RIED, WIDOWED, D (write the word)
f	emale wh	ite	marri	ed.
5a.	If married, widowed, or div HUSBAND of	orced		V
	(or) WIFE of GOO	lfrie Pas	ska	
6.	DATE OF BIRTH (month, da	v. and vear) Till	lv 22.	1896
	AGE Years	Months	Days	If LESS than
	37	2	16	1 day,hrs.
z	8. Trade, profession, or p	as CDINNED .		
0	SAWYER, BODKKE	EPER, etc	nousewi	<u>fe</u>
CCUPATION	9. industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL, etc		
000	10. Date deceased last wo this occupation (mo year)	rked at	11. Total t	ime (years) nt in this upation
12.	BIRTHPLACE (city or town) (State or country)	Baltin		
E E	13. NAME	unkno	own	
FAIH	14. BIRTHPLACE (city or to (State or country)	own)unkr	10.vm	
7	15. MAIDEN NAME	unkno	own	
MOIH	16. BIRTHPLACE (city or to (State or country)	1- 1	known	
17.	. INFORMANT NE S	Godfrie st Annapo	Paska.	d.
18.	BURIAL, CREMATION, OR	REMOVAL		70 00
	Place Oak Hil	1 Cemt.	Date OCT	. 10 ,1933
	UNDERTAKER John (Address) Annap		(M).	J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Seattle Des	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. H UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY,

STATE	OF	MARVI	AND-CERTIFI	CATE	OF	DEATH
SIAIL	UL	MARIL	AND-CEKILLI	CAIL	OF	DEAIL

1. PLACE OF DEATH			<u></u>	09817
County Anne Art	ındel		Registration Dist. No	21
Village or City <u>East po</u>	ort	(16	No. Chesapeake Ave.	St.,Ward
Length of residence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME OTTO	PETERS			
(a) Residence: No. Chesa	peake AV		St., Ward.	
PERSONAL AND STATIST			If nonresident give city or to	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH October 26 (Month) (Oay)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	B. Pete	rs	October 1933 Oct. 26	.2, 19
6. DATE OF BIRTH (month, day, and year) S (a) 7. AGE Years Months	0ays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follower.	
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		tertender	carcinoma bladder	Date of onset
	.S.N. Re	t.		
10. Date deceased last worked at this occupation (month and year)	sper	ime (years) nt in this spation		
12. BIRTHPLACE (city or town)	rmany		Pyro-hephritis both kidney	5
	ters			
HE 13. NAME John C. Per 14. BIRTHPLACE (city or town)	ermany		autonsy	ite of
15. MAIOEN NAME unk	nown		23. It death was due to external causes (VIOL ENCE) fill in also the fo	ollowing:
15. MAIOEN NAME UNK 16. BIRTHPLACE (city or town) (State or country)	nknown		Accident, suicide, or homicide? Date of injury_	
17. INFORMANT Mrs. Otto P (Address) Eastport.	eters,		Where did injury occur? Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUB	ind State) LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Cemt. Oc	t. 30 ₁₉ 33	Manner ol Injury	
	vlor, Md JMM	ss L	Neture of Injury 24. Was disease or Injury In any wey related to occupation of deceas Il so, specify (Signed)	beet M. D.
()	blanks are needed a	Registrar.	(Address) U.S. Maral (C.S. N. Charles Street Religions Property 7) S. N. C.	cadery

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	ses	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis CCS1 to NUN		3 days ago
		0331	- 1	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis		1 year
	May 1,1923	Account of the second		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

		12:

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09818
1. PLACE OF DEATH	(92-0)
County a Ca	Registration Dist. No. 23
Village or City Corang Vigheway	NoSt., Ward
Length of residence in city or town where death occurredwrsmc	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CANKIN I have	edeus Philks
(a) Residence: No. Camp Mude No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH Toly 19, 198 8 (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Phelps	22. HEREBY CERTIFY, That I attended deceased from 193/ to 000 /9 1933
6. DATE OF BIRTH (month, day, and year) CARL 3 1858	I last saw h in alive on ow /6 1953 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 912 G. m.
95 6 13 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, Road Man	Chronic Valudas Dename
9-Industry or business in which work was done, as SILK MILL,	7 sh Heart - 1981.
SAW MILL, BANK, etc	
this occupation (month and year) occupation	
12. BIRTHPLACE (city or town)	Other Centributery Causes of importance:
(State or country)	- arterio Scherosa 1931
13. NAME Nelson Philps,	
13. NAME Nelson helps,	Name of operation 2000. Date of
(State or country)	What test confirmed diagnosis? Semplone Was there an autopsy?
15. MAIDEN NAME (COLL) abyth Shipling 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Dilinia Alien	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COMMONDER MELLEN &	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Turnelly Date 15 19.3	Nature of Injury.
19. UNDERTAKER IT VECTORIENT TOUR	24. Was disease or injury in any way related to occupation of deceased?
(Address) Norm Messerai)	If so, specifyA
	0.0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and collated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Q	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritts &	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	
1. PLACE OF DEATH	97)	819
County a - a -	Registration Dist. No. 21	
Village or City amajedio Md	No. St.	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and mos	
2. FULL NAME (Mexander Profil	HIN CONTRATE LIMITS OF	
	O4 Word	
(a) Residence: No. 38 (alwing S) (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>3</u>
5a. If married, widowed or divorced HUSBAND of		
(or) WIFE OF Hattle Orally (amed	22. HEREBY CERTIFY, That I attended	2 10 3 3
6. DATE OF BIRTH (month, day, and yeer) Oct. 1 1870		: death Is said
7. AGE Years Months Days If LESS than	- / / / / / /	
65 63 March -2 1day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Date of onset
SAWYER, BOOKKEEPER, etc	Hyper terroun	9/3/3
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	OV	- / /
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (3 45		-
911.	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) ATM 1 Gn2 (Stete or country) Q - Q - Cu - Mod	E to make	2/22
13. NAME alexander Prate	- Comments	7.63
13. NAME algrander Fratt 14. BIRTHPLACE (city or town) Lothian (State or country)	Name of operation	
(State or country) a a a a ma		autopsy?
15. MAIDEN NAME Can's Crark	23. If death was due to external ceuses (VIOLENCE) fill in elso the following	
15. MAIDEN NAME Jan & Crash 16. BIRTHPLACE (city or town) Lothian	Accident, suicide, or homicide? Date of injury	
(State or country) a a - co - md	Where did injury occur?	
17. INFORMANT Mrs Hattis Praft (Address) 36 Calvine 51	(Specify city or town, county and States Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place 13 remarked Date 10 5 ,192	Nature of injury	
19. UNDERTAKER E HBT WROTE STANDERS AT WAS Bringling TON & 3	24. Was disease or injury in any way related to occupation of deceased?	NO
20. FILED 19.3. 19.3.3 PANSEL Refistrar.	(Signed) faurence W. Green (Address) 23 Calvert of	M. D.
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	was,
		ud.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1.8.7 U.A.M. 1.8.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1 1000	3 days ago
		8	227/17-1	
Other contributory causes of importance:		Other contributory	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

For	authoris	NAL SPACE FOR F	chanse.	date s	el born
iled	under 1	Prett			1)

PHYSICIANS should state Exact statement of OCCUPA. item of infor-ECORD. Every stated EXACTLY IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS be AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.

V. S. No. 1

	STATE OF WARTLAND	CERTIFICATE OF DEATH	1020
1	. PLACE OF DEATH	214m	
	County Anne Arundel	Registration Dist. No. 27	
	Village or CityFort George G.Meade (I) Length of residenca In city or town where death occurredOyrsOmos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and nu Ods. How long in U.S. If of foreign birth?	Ward ward ds.
	2. FULL NAME William Rhoads		
	(a) Residence: No. (Usual place of abode)	St., Ward. Langley Field, Virgini If nonresident give city or town and S	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) 1. APP 1 ed	21. DATE OF DEATH October 4	193 3 (Year)
5a.	If married, widowed, or divorced HUSBAND of XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	was dead when first seen October 4	ecaasad XXXX
	DATE OF BIRTH (month, day, and year) 12y 15, 1902 AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 12:20Pm.	death is said
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNEER of Sgt. 20th Bomb Sq. SAWYER, BOOKKEPER, etc. Staff Sgt. 20th Bomb Sq. 9. Industry or business in which work was done, as SILK MILL, W.S. Army	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Airplane accident. Fracture; dislocation, spine, cervical region.	10/4/33
	10. Date deceased last worked at this occupation (menths of the year) spont in this occupation (menths of the year) spont in this occupation 8 BIRTHPLACE (city or town) Weissport (State or country) Pennsylvania	Other Coutributory Causes of importance:	
ш Э:	13. NAME Unknown		
FATHER	14. BIRTHPLACE (city or town) Unknown (State or country) Unknown	Name of operation None Date of What test confirmed diagnosis? X-ray & clinical was there an au	No
MOTHER 14	15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country) Unknown INFORMANT Service Record, U.S.Army.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Whera did Injury occur? Millersville (Anne Arunde (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA. While engaged in flying military air	1 Co)Md
18	BURIAL AREMANIA VA. Burial Cemerature (Address) BURIAL AREMANIA AREMANIA ARI Ington National Cemerature (Address) Place tery, Va. Date Oct. 7	Manner of injury Airplane accident. Nature of injury Fracture-dislocation, spine.	
_	UNDERTAKER Lloyd A. Kaiser, (Address) Laurel, Maryland	24. Was disease or injury in any way to the to occupy on of deceased? Y	es M.D.
20	FILED Oct. 5 1933 C.E.FREEMAN, Col., M.C.	(Address) Fort George G. Meade, Md.	WI. U.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

item of infor-OCCUPAshould statement PHYSICIAN ECORD. CTL PERMANEN classified. 9 certificate. properly S -THIS may INK. uo that plain terms, carefully

important.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

19. UNDERTAKET

Hospital

DEATH

OF

CAUSE mation

TION

should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. Crownsville SDI UMOL St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 20 mos. 7 ds. How long in U.S. if of foreign birth? yrs. mos. Ollie Robinson 2. FULL NAME Montgomery County, (Usual place of abode) Marylasnd PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR D. VORCED (write the word) female black October 20th 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1873 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above et-1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 60 Unkhown or____min. were as follows: Cerebral 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 4D. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MERY Land erteriosclerosis (State or country) FATHER 13. NAME Unknown 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? Was there an au'opsy? MOTHER 15. MAIDEN NAME 23, if death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?____ Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Nature of injury	
24 Was disease as injury in X	_ / /

If so specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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E	xample I		Example II		
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1101/ 1 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	4 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURNAU V.	July 5,1927	Perilonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

()	0	0	1 9	0	
0	J	0	-	4	

1. PLAC	E OF DEA	TH			(20g-m)	
Count	ty	Anne Ar	undel /	THIN COULDIA	Registration Dist. No. 21	
	e or City	Annapol	is	(19	ND. Emergency Hospital St., f death occurred in a hospital or iostitution, give its NAME instead of street and is. ds. How long in U.S. if of foreign birth? yrs. m	number)
		GEROGE '				
				Md.	St., Ward. If conresident give city or town and	State
PER	SONAL AN	ND STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX male		or or RACE	5. SINGLE, MAR OR DIVORCE divor	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 10 (Month) (Day)	, 193 3 (Year)
5a. If married HUSBAN (or) WIF		A . A	Plicage		22. I HEREBY CERTIFY, That I attended, 19, to	, 19
6. DATE OF E	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	; death is said
CUPATION S	try or business i ork was done, as AW MILL, BANK,	EPER, etcin which SILK MILL, etc		ormin.	Compound fracture of skull	Date of onset
12. BIRTHPLA	or country))	spe occi		Other Contributory Causes of importance: Struck by W.B. & A. Electric train.	10/19/33
14. BIRTH		town)	. County Naryla		Name of operation Date of What test confirmed diagnosis? Was there an a	
16. BIRTH	PLACE (city or t		County	7	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide & CCident Date of injury CCt.	
17. INFORMAN		Maryl oland S Annapo	affield		Where did injury occur?	e) ACE.
	REMATION, OR Cedar B		mt _{Date} Oct	. 12, ,19 33	Manner of Injury	
19. UNDERTAI	ess) Anna	n M. Ta polis,	ylor		24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED	1ct. 12,	19.33	Julius 1	Registrar.	(Signed) Am All Mar (Address) Am All Mar (Address)	Cest 2.M. D.C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy Eccl &	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Q 3 / 1 = - 1	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state ECORD. Every item of infor-Exact statement stated EXACTLY properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

certificate.

TION is very important. See instructions on back of

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	I. PLACE OF	F DEAT	r H nne Aru	ndel		125-E) 09823
	County	0	wonswill	1e Vest	River P	Registration Dist. No.
	Village Dr C	···y		т	5 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence In cit				sds. How long in U.S. if of foreign birth?yrsmosds.
2	2. FULL NAI	ME	Alvert		an 3	
	(a) Residen	ce: No				St., Ward.
-	PERSON	AI ANI	DETATION	(Usual place		If nonresident give city or town and State
3	SEX		R OR RACE			MEDICAL CERTIFICATE OF DEATH
	Temale		ol.	OR BIVORCE	RRIED, WIDOWED, (write the word)	21. DATE OF DEATH 9 (Month) (Oay) (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY, That attended deceased from
6.	DATE OF BIRTH (month, dey	, and year)	Jun IC I	911	I last saw delay alive on Class 9, 1933; deeth is said
7	AGE Year	rs 2	Months 4	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
NO	8. Trede, profes	sion, or pe ork done, a	rticular as SPINNER, H	ousemaid	ormin.	were as follows: Data of one at Data of one at
OCCUPATION	9. Industry or 1	BDOKKEEI	PER, etc			-
DOCO	1D. Date decease		ked at	3 11. Totel t	ime (years) 7 yr	
12.	BIRTHPLACE (city	y or town)_	Lothi		Id	Other Contributory Causes of importance:
2	13. NAME	Geor	rge Sel	lnan		
FATHER	14. BIRTHPLACE		wn) Bri	stol]	i.d	Name of operation
	(State or		Mary W	allace		What test confirmed diagnosis? Wes there an autopsy?
MOTHER	15. MAIDEN NAM		Bris	tol 110	à	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
ž	(State or					Where did injury occur?
17.	INFDRMANT	ary	"allace West Ri	Downs ver Hd		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATI	. Cem	.w.RIVe	r Oct	I2 33	Manner of Injury
19.	UNDERTAKER (Address)	В.	L.Hoppi	ng olis Md		24. Wes disease or injury in any wey related to occupation of deceased?
20.	FILED OCT	110%	,33	m. Tr.	Clay for Registrar.	If so, specify (Signed) 7 3 4 M. D.
			16 m	blanks and had	, Kegistrar.	(Address)

are peeded, dadress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	: 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
PV-Minus	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-

stated EXACTLY

AGE should be

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 09824
1. PLACE OF DEATH	(000
County anne arundel.	Registration Dist. No. 2/
Village or City Markey Creek	
2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harry Demina	Morley a. a. c. mg
(a) Residence: No. / and Preasant	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF BEATH October 25th
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of See. 23-1884	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Dec. 23, 1884	I last saw h; death is said
7. AGE Years Months Oays If LESS than 1 dayhrs.	to have occurred on the data stated above, atm.
48 / / Lay,mis.	Tha PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER.	accordental deviving
kind of work dona, as SPINNER, Carctanus SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work dona, as SPINNER, Carottanus kind of work dona, as SPINNER, Carottanus 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide? Date of Injury
State or country)	Whera did injury occur?
17. INFORMANT Louis Scully (Address) 37 5. Eliment of	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Coly CronDate 1- 1929	Nature of injury
19. UNDERTAKER John Gredliamckas	24. Was disaase or injury in any way related to occupation of deceasad?
(Addrass)	If so, specify
111-15 33 7 6 6 6 6	(Signad)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY properly classified. TH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. B.-WRITE PLAINLY,

V. S. No. 1

ż

1. PLACE OF DEATH	O9825
County acure arundel	Registration Dist. No.
Village or City Harmod	N-
()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lower where deeth occurredyrsmos	ds. How long in U.S. If of foraign birth?ds.
2. FULL NAME PULL Some St	carps)
(a) Residence: No. (Usual place of abode)	/st., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. Ihat I attended decaased from
6. DATE OF BIRTH (month, day, and yeer)	1933 to 4 3 1933 death is seld
7. AGE Years / Months Days If LESS than	to have occurred on the date stetad above, at 7:30 P.m.
1 day,hrs.	Tha PRINCIPAL CAUSE OF OEATH and ralated causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Oata decaased last workad at this occupation (month and second in this programme).	Stelfton Date of onset
. Industry or businass in which work was dona, as SILK MILL,	
SAW MILL, BANK, atc	
O 10. Oata decaased last workad at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) // // (State or country)	Other Contributory Causes of importance:
V 14. BIRTHPLACE (city or town) Lilly Curry (State or country)	Neme of operation
15. MAJOEN NAME Magaza Machoos	What test confirmed diegnosis? Wes there en autopsy? 23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Maggie Mackell 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Mary Cared	Where did injury occur?
17. INFORMANT II May & Marks (Address) Harwood, Mid	(Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Chapel Date Nov 1 of 1,1933	Manner of Injury
19. UNDERTAKER Villian V. Phares (Addrass) Harewood md	24. Was diseasa or injury in any way related to occupation of dacaased?
20. FILEO 16r' 1933 W.R. Clayton	(Signad) M. D.
Per mul Registrar.	(Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The same

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTLY.
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N. B.-WRITE PLAINLY,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF	MARY	LAND-	CERTIFICATE OF DEATH	896
1. PLACE OF DEATH		108	1	
County Anne Arunde	1		Registration Dist. No.	
Village or City Crownsvill	e State	Hospita	No. St., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
Length of rasidence in city or town where dea	th occurred 3	vrs10 (If	death occurred in a horpital or institution, give its NAME instead of street and read of	number) os. ds.
2. FULL NAME James Sh				
(a) Residence: No. Harford	County (Usual place of	Mary lar	1d St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3. SEX male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		(write the word)	21. DATE OF DEATH October 24th (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of			22. I HEREBY CERTIFY, That I attended Dec. 22nd 1929 to Oct. 24th	deceased from
6. DATE OF BIRTH (month, day, and year) 19	06		Hast saw h_im_aliva on_Oct. 24th 1933	,
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9:05P m.	
27 Unka	own	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onest
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer undustry or business which work was done, as SILK MILL, SAW MILL, BANK, etc.		Lober pheumonis	Bate of goset WKS	
this occupation (month and	spant occup	ne (years) in this		
12. BIRTHPLACE (city or town) Maryla (State or country)	nd		Other Contributory Causes of importance: Cellulitis of the leg with	
13. NAME Spencer Sh	ivers		septicemia	3 mos
13. NAME Spencer Shivers Maryland 14. BIRTHPLACE (city or town) (Stata or country)			Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Leslie E	Butle	r	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Leslie E. Butler 16. BIRTHPLACE (city or town) Maryland (State or country)			Accident, suicide, or homicide?	
17. INFORMANHOSpital Records (Address) Crownsville, Maryland				
18. BURIAL, CREMATION, OR REMOVAL Place Coberdeen M4. Date Get - 25, 1933		Manner of Injury		
19. UNDERTAKER Henry Farre (Address) affrages 20. FILED / U. Z.5 , 19 3 ?	Muse	fores file Registrar.	24. Was disease or injury in only way related to occupation of deceased. If so, specify (Rigned) (Address) Crownsville, Mary Lend	90 J. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II	
		The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.	,		
Other contributory causes of importance:		Other contributory eauses of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 yeor

WRITE

N. B.

PLACE OF DEATH	STATE OF MARYLAND
County Conne arundel	② CERTIFICATE OF DEATH
a #1 +	Registration Dist. No. 2
Village or City MIDM (No. 174)	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Pressolnie	(D 14m) 5 Aimms tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
10 7 , 1933	192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows
8 OCCUPATION (a) Trade, profession or particular kind of work	Styllton - no
(b) General nature of industry business, or establishment in	HICKE
which employed or (employer)	(Duration)ds,
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER andrewn byon	(Signed) Direction) Jrs. mos. ds. (Signed) M. D.
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in doubte from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
of MOTHER TENE STAND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds, In the Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et place of death?
(Informant) MADOW DILLE	Former or usual residence
(Address) Exitori	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 8 19 53
15 Filed 1 5 1923 J. Muryly Registrar	20 UNDERTAKER ADDRESS Charge Hark Against St
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion amplies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Enhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," taken. For VIOLENT DEATHS state MEANS OF INJULY perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1933

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1.0	107.0	
County Classice Co	rindel	Registration Dist. No.	
Village or City Chand Length of residence in city or town where		No. Main line St., f death occurred in a hospital or institution, give its NAME instead of street as s. ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Harry	1 & Skippe		
(a) Residence: No. Maun	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day)	, 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attend Oct. 9, 1933, 19 to Oct. 11,	
6. DATE OF BIRTH (month, day, and year)	el+ 14 1932	last saw him alive on Oct. 11th, 19	33; death is sa
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this occupation	Acute broncho-pneumonia	0ct. 8th 1933
12. BIRTIIPLACE (city or town)	time md	Dther Coutributory Causes of Importance:	
13. NAME Joseph E	Skipper		
14. BIRTHPLACE (city or town) (State or country)	Chine md	Name of operation Date of What test confirmed diagnosis? D.f. Was there	
15. MAIDEN NAME Clice	D. Hyson	23. If death was due to external causes (VIOLENCE) fill in also the followance of injury	
16. BIRTHPLACE (city or town) (State or country)	elleme Md	Where did injury occur?	
17. INFORMANT 12 Joseph (Address) Carundel	E Skiffer Faller Taller	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC	
18. BURIAL, CREMATION, DR REMDVAL Place Holy Cross Com. a. 91	Date Oct 14, 1933	Manner of Injury	
19. UNDERTAKER John Jr. (Addiess) 715 high	Lenny	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no
20. FILED Och 14, 1922 Id	M. Wlulan.	(Signed) Hany 10/18/18/19/19/19/19/19/19/19/19/19/19/19/19/19/	M.

state

should

stated EXACTL properly classified.

FOR BINDING

MARGIN RESERVED

H UNFADING INK-THIS IS A PERMANEN

AGE should be

mation should be carefully supplied.

B.—WRITE PLAINLY,

Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
·			
C. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	ATEMENTS BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

	L PLACE C	F DEAT	н			62				
	County	Anne A	rundel			Registration Dist. No. 21.				
	Village or	City Cro	wnsv il	le Stat	e Hospita	€ 1 No. St.,	_Ward			
	Length of re	sidence in city	or town where o	leath occurred	Vrs. 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number) de			
	2. FULL NA			a Smith						
						was Dan as A Mand				
	(a) Reside	nce: No	Bater	(Usual place	of abode)	ry Bund Ward. If nonresident give city or lown and State				
	PERSO	NAL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH				
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Single				(write the word)	21. DATE OF DEATH October 24th (Month) (Dev) (Year)				
5a.	If married, wide HUSBAND of						,			
	(or) WIFE of					22. JHEREBY CERTIFY, That I ettended decease				
	DATE OF BIRTH	(Ab d		1913		Aug. 2nd ,19 33 to Oct; 24th ,19 33				
-	AGE Y	ers a	Months	Days	If LESS than	to heve occurred on the dete steted above, et 2: 20Am.				
	9	0	Ukno	n series	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance				
7	8. Trede, prof	ession, or perti	icular	FFAL	i or assessining	Toxemia due to proctitis and	ofonset			
TIO	SAWYE	work done, as R, BDDKKEEPE	R, etc	Unimown		pellagra ?				
OCCUBATION	work w	business in w as done, es SIL	K MILL,							
S,	10. Date decea	ILL, BANK, etc. sed last worke	d et	11. Total ti	me (yeers)					
this occupation (month end year) spent in this occupation					petion					
12.	BIRTHPLACE (Mary	land		Other Contributory Causes of Importence:				
ER	13. NAME	John S	mith							
FATHER	14. BIRTHPLACE (city or town) Baltimore, Maryland (State or country)					Neme of operation				
ER	15. MAIDEN N	AME Bi	rdie (Unknown)	23. If death was due to external causes (VIOLENCE) fill in elso the following:				
15. MAIDEN NAME Birdie (Unknown) 16. BIRTHPLACE (city or town) (State or couple)						Accident, suicide, or homicide? Date of Injury1	9			
(Stete or country) 17. INFORMANT Hospital Records (Address) Crownsville Maryland						Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
										18
Z	& CPHOOLS	fcky	pel com	1 Dete 10 - 20	0 33,19	Nature of Injury				
19	UNDERTAKER (Address)	clles	wolo	nd ,		24. Was disease or injury in any way related to occupation of deceased?				
20.	20. FILED 1/2 4 1033 8 1 1 1 1 Registrar.					(Signed) Crownsville, Maryland M.D.				
			If more	blanks are needed, a	dure's State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Chronic interstitial nephritis NOV A 1933	1916	Attack of cpilepsy Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927		3 days ago	
BURFAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1 1			

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Admitted Aug. 2nd, 193

C3 C3

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH County pluods Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. statement PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Month (Oav) (Yaar) PERMANEN classified 5a. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properl 7. AGE Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 0 or min. Date ol onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION pe jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may back plnous 10. Oata deceased last worked at 11. Total time (yaars) no this occupation (monty spent in this that occupation _. instructions 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis Was thera an autopsy? carefully MOTHER important. 15. MAIDEN NAME 23. if death was due to external causes (VIOLENCE) fill In also the Joliowing: in Accident, suicide, or homicide? ______ Data of Injury _____ 19 DEATH 16. BIRTHPLACE (city or town) --(State or country) Where did injury occur? ... pe (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT very OF 18. BURIAL, CREMATION, OR Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceasad? 19. UNOERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholcsale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1000	Example II		
The principal cause of of importance were as for	leath and related causes bllows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	mou a mag	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephriti	3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PERRAIL V.	July 5,1927	Peritonitis	3 days ago	
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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carefully supplied. AGE should be stated EXACT	GE should be	supplied. A	carefully
Y, I H UNFADING INK-THIS IS A PERMANE	G INK-THIS	UNFADIN	Ý, 10 H
MARGIN RESERVED FOR BINDIN	RESERVED	MARGIN	-

V. S. No. 1

8.

1. PLACE OF DEATH					
	09831				
County a a	Registration Dist. No. 2				
Village or City le amp parol	No. St., Ward				
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME Puly Smill					
(a) Residence: No. Campo porace	St., Ward.				
(Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO					
Ternale Col. OR DIVORCED (write the	wed, word) 21. DATE OF DEATH (Month) (Day) (Year)				
I. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from				
(or) WIFE of	May 15, 1933, to October 619 3				
DATE OF BIRTH (month, day, and year) May 15 - 1932	I last sew h 4 elive on October 6, 1933; death is said				
AGE Yaars Months Deys If LESS					
4 2/ 1 day,					
8 Trade profession or particular	Tuemonia (broncho) 9/30/3				
kind of work done, se SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10 Date decasad last worked at this occupation (month and spent in this	7-1-				
Date decaasad last worked at this occupation (month and yaar)					
2. BIRTHPLACE (city or town) a a co and (State or country)	Othar Contributary Causes of importanca:				
	- Mathetition 6/1/3				
13. NAME Samuel & Smith 14. BIRTHPLACE (city or town)	Name of operation Date of				
(Stata or country) a.a. es m	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME margaret Partree 16. BIRTHPLACE (city or town) (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also tha following:				
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19				
(State or country) a w co mo	Whera did Injury occur? (Specify city or town, county and State)				
(Address) Camp parle mo	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.				
B, BURIAL, CREMATION OR REMOVAL	1933 Manner of injury				
9. UNDERTAKER A L Happing	24. Was diseasa or injury in any way ralated to occupation of deceesed?				
(Address) ann market ones.					

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 8 A O VETTO	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 EEGI I AGN	3 days ago
		GRAIGO	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County anne arundel Registration Dist. No. Annapolis Hespital Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) GEORGE 2. FULL NAME Eastport (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 193 3 OR DIVORCED (write the word) October white married (Year) 5a. If merried, widowed, or divorced HUSBAND of Iola R. Snyder 22. HEREBY CERTIFY. That I attended deceesed from (or) WIFE of fur alive on. Sent. 1888 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at/// I day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, Baker SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... ID. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation __ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) warvland. (State or country) HER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME Christine 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of injury______ 19_____ 16. BIRTHPLACE (city or town) (State or country) Germany Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Eastport 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury -Date Oct . emt. Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

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(Address) _____

Registrar.

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Example 1			Example II		
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Chronic interstitial nephritis					
Cercbral hemorrhage	July 5,1927	Peritonitis	BUREAU V. 8.	1 week ago 3 days ago	
			1 101 4 1033		
Other contributory causes of importance:		Other contri	butory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	GEVIEDE	1 year	
			B as the middlessed for the		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Length of res	city Bouleva			No. St., death occurred in a horpital or institution, give its NAME instead of street and death. How long in U.S. If of foreign birth? yrs	number)		
	ME Marth			St., Ward. Baltimore City	d State		
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
s. sex	4. COLOR OR RACE white	5. SINGLE, MARI OR DIVORCEI marri	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 18th (Month) (Oay)	., 193_3(Yeer)		
5a. If marriad, widov HUSBANO of (or) WIFE of	Chas. A. S	ohl		22. I HEREBY CERTIFY. Thet I attended deceased from the state of the s			
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.				to hava occurred on the data stated above, at 9 3 0 mm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
9. Industry or work was SAW MI 10. Date decease this occupant	ussion, or particular work dona, as SPINNER, t, BOOKKEEPER, etc business in which is done, as SILK MILL, LL, BANK, etc ded last workad et pation (month and IO - I	00:10	me (years) nt in this life	Acute cardiac dilatation Chronic myocarditis Diabetes mellitus Other Contributory Causes of importanca:	3 yrs		
(State or cou	^{ntry)} Md Benjamen Fr						
(Stata o	E (city or town) r country)		rginia	Name of operation Date of Date of What test confirmed diagnosis? DOS t-mortemwas there an au'opsy? NO			
15. MAIDEN NA 16. BIRTHPLACE	AME unkno E (city or town)			23. If death was due to externel causes (VIOLENCE) fill in elso the followin Accident, suicida, or homicida? Data of Injury Where did injury occur?	, 19		
O 16. BIRTHPLAC	Chac A		700t	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury			
17. INFORMANT (Addrass) 18. BURIAL, CREMA	Chas. A. 729 W. Fa TION, OR REMOVAL BOnnie Brae			Manner of injury			

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Example I		Example II	
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Chronic interstitial nephritis S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1
Gausiones	May 1,1925	Gustivetus	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Filed

B

V. S. No.

			09834
PLACE OF DEATH		STATE OF	MARYLAND
County of marindal	82:00	CERTIFICATE	OF DEATH
\cap		Registration	Dist. No.
Village or City Asury (No	Soller 6	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
Male Color OR RACE SCHNGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH	Def. 14 14	(Day) (Year)
6 DATE OF BIRTH , 1856	Cest 1 st	CERTIFY, That I att	
(Month) (Day) (Year) 7 AGE [If LESS than	and that death occur	red on the date stated	above, at 4, 30Pm.
Tyrs. mos. ds or min.	The CAUSE OF DEAT	TH * was as follows:	, ,
(a) Trade, profession or particular kind of work	Kerre	bral A	emvirtage
(b) General nature of industry business, or establishment in which employed or (employer)		(Duration)	
9 BIRTHPLACE (State or country) May Land	Contributory Secondary	Duration y	
10 NAME OF FATHER LAG Seller	(Signed) 15" 192	(Aprayos) Up from	Mayllow Md
OF FATHER (State or country) Mary land	*State the D Violent Causes, st Accidental, Suicidal	isease Causing Death, tate (1) Means of It or Homicidal.	or, in deaths from jury and (2) Whether
of MOTHER Un Krand		SIDENCE (For Hospi	tals, Institutions, Trans-
OF MOTHER (State or Country) May land	At place of deathyrsn		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of dea	racted,	
(Informant Jolly H. Sollers &	Former or usual residence	7	
(Address) Dury. Well.	Soller C	bape!	Oct 16, 1933
15 AP 15- 33 /MA/0/ I	20 UNDERTAKER	/ / .	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Loborer-(b) Cotton mill; (a) Salcsman. without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. 6 materia Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis*); Diphtheria (avoid use of *Croup*); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease approved by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonacum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) State cause for which surgical operation was under-(secondary or intercurrent) affection need Whooping use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on ngenital," "Senile," etc., "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular etc. Nomenclature The contributory Always qualify all heart not be disease,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	ECORD, Every item of Infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
V.S. No. 1 MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of Infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
>	Z		1	1

S	TATE OF	MAR	YLAND-	CERTIF	ICATE	OF DE	ATH	19835
1. PLACE OF DEA	TH			1:	- 82:0			5.
County Anne	Arundel					Registratio	n Dist. No.	1
Village or City	Crownsvil	le St	ate Hospi	tano.				Ward
Length of residence in ci	ty or town where death	occurred	9 _{yrs.} 20 mos	21 ds. How	w long in U.S.If	of foreign birth?	ME instead of street and	d number) .mosds.
2. FULL NAME G	us or How	ard S	tanley					
(a) Residence: No	Baltimo	re Ci (Usual place		St.,	_Ward.	If nonreside	nt give cily or town a	nd State
PERSONAL AN	D STATISTICA	L PART	ICULARS	N	MEDICAL C	ERTIFICAT	E OF DEATH	
male 4. colo	R OR RACE 5.	OR DIVORCE	RRIED, WIDOWED, D (write the word) ngle	21. DATE 0		er 6th	(Day)	193 3
5a. If merried, widowed, or divo HUSBAND of (or) WIFE of	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of						FY, Thet I attende	
	Oct.15		1923 , 100		19 00			
6. DATE OF BIRTH (month, day, end year) 1871 7. AGE Years Months Days If LESS than				1 last saw h_im_elive on_Oct6th, 1933_; death is said to heve occurred on the date stated above, at 8:15P_m.				O; death is said
	1 day,hrs		to neve occurred on the date stated above, at					
8 Trade profession or pr	62 Unkhown or or min.							48 hrs
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.				Apople				40 111.9
9. Industry or business in work was done, es	which							
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, ess SAW MILL, BANK, of 10. Date deceased last work this occupation (mo.	etc	11 7-1-1		-				
this occupation (mo	nth and	spa occ	ime (years) Intin this					
12. BIRTHPLACE (city or town) (State or country)	Maryl			Other Contribute Genera	tory Causes of Imp	oortance: arterio	sclerosis	3 ?
1 72 3	t A. Star	ley						
E	Mary]	and		Name of opereti			0-1	
14. BIRTHPLACE (city or to (State or country)	own)						Date of Was there a	
15. MAIDEN NAME	Elizabeth						fill in elso the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)		ingto	n, D. C.	Accident, suicide			Date of injury	
17. INFORMANT HOS	pital Rec					(Specify city	or town, county and S HOME, or in PUBLIC I	itale) PLACE.
(Address) C	rownsvil]	e, Me	ryland					
Saurel	1-	ate 60	100 1983	Manner of Injury				
1		TAL	P	Nature of injury	1			
19. UNDERTAKER (Address)	8 ml	3 - 01	de for	24. Was disease	or injury in any	way related to occ	upation of deceased?_	0
187 50	579	ou!	4.7	(Signad)	1/4	7/1/7	MISTO	10) M. D.
20. FILED	19	AY	Registrar.	(Add	dress) Cr	ownsvil	le, Manual	- 5

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-						

19. UNOERTAKER (Address)

1. PLACE OF DEATH

County Anne Arundel

Village or City Brooklyn

(lend)		7	2
	Registration	Dist. No.)
No. Churc	tion give its NAM	St.,	Ward
20ds. How long in U.S. if			
Ct Ward			
St., Ward.	If nonresident	give city or town and	State
MEDICAL C	ERTIFICATE	OF DEATH	
21. DATE OF DEATH	0 - 1 - 3	0.4	
	October (Month)	24 ⋅ (Day)	(Yeer)
			7/4//
22. I HEREB	Y CERTIF	Y That I attended	1 - 3
lies saw her alive on	ON Y	4 1033	death is said
to have occurred on the date stat	ed above at 3		, ueatii 15 5aiu
The PRINCIPAL CAUSE OF DEA			
Were as follows:	, 0		Oate of onset
1		1	James &
Durant V	The Ne	woon	1000
0			1433
Other Contributory Causes of Imp	ortance:		
P	f		10.51
Conferous	agra	d	04.1
	·····		193
Neme of operation		Date of	
What test confirmed diegnosis?			
23. If death was due to external ca			7
Accident, suicide, or homicide?		Oate of Injury	, 19
Where did injury occur?	(Specify city o	r town, county and Sta	le)
Specify whether injury occurred	In INOUSTRY, In H	OME, or in PUBLIC PI	ACE.
Manage of Internal			
Menner of injury			
			1/0
24. Was disease or injury in any	wey related to occup	pation of deceased/	
	N	p. M	
(Signed) Wille G	11.11	1601	M. D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

Registrar.

If more blanks are needed, address State Registr

or min.

RESERVED

MARGIN

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days o.go Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

If more branks are needed, addre & State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and

deaths from

number.)

...(Day)

or, in

Tion A change place of high or letter pien

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may from part of the second statement. Never reture. "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocde nite salary), may be entered. Housewife, Housewife, w. k., or At Home, and child in not gainfully employed, as At school, or At hore, are should be taken to havort specifically the ogupations of persons en de nite salary), may be entened. Housewife, Houselawrer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engincer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation state occupation at beginning of thees. If retired from or given up on account of the DISBASE CAUSING DEATH gaged in domestic service for vages, as Servant, Cooks Housemaid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEAS: CAUSING DEATH (theprimary a region with respect to the region of the causation), using alrays the same accepted term for the same of the Examples. Examples: Cerebrospinal fever (the only definite synonym is "Fyldemic cerebrospinal meningitis"); Diphtheria (avoid itse of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the unqualified, is indefinite); Tuberculosis of lungs, menings, perilonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "(Enhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Vraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as (secondary tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always-qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease etc. The contributory

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r.

V. S. No. 1 N. B.—

-WRITE PLAINLY, WI'H UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9838
1. PLACE OF DEATH	23	
County a.a	Registration Dist. No. 21	
Village or City west an apolio		Word
(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and	uumber)
Length of residence In city or town where death occurred 20 yrsmos	ds. How long in U.S. If of foreign birth?yrsm	10sds.
2. FULL NAME Edith & Tays	nan	
(a) Residence: No. Peucle (Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DLYORCED (write the word) Construction	21. DATE OF DEATH Oct 21	., 193_3
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Tauman	(Month) (Day) 22. I HEREBY CERTIFY, That I attended	(Year)
6. DATE OF BIRTH (month, day, and year) OST 18-1886		, 19.5.5. \$; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. S.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Frade, profession, or particular kind of work done, as SPINNER, Hause writes SAWYER, BOOKKEPER, etc.	were as follows:	O ate of onset
kind of work done, as SPINNER, Hause wife SAWYER, BOOKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	I almanan situ-	Elmal
10. Date deceased last worked at this occupation (month and spant in this occupation control of the spant in this occupation the spant in	Culoris	4/2
12. BIRTHPLACE (city or town) a a. a. c. m. Q (State or country)	Other Cantributory Causes of importence:	time of
	Muy as ousian	- SULLING
13. NAME Thomas a Skinner	Refrect	Meanly
(State or country) (mary land	Name of operation Dete of	
	What test confirmed diagnosis? Was there an	
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
17, INFORMANT Touch a Taymage (Address) Least and challen mills	Where did Injury occur?	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Leclar Bloff Date Got 23, 1933	Manner of Injury	
19. UNDERTAKER A. L. Hoffing (Address)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED / U 22, 19-3 Masses Registrar.	(Signed) (Address) (Address) (Address) (Address)	M. D.
To more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1933	July 5,1927	Peritonitis	3 days ago
BURBAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gatlstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

•		
PLACE	OF	DEATH
FLACE	OF	DEATH

County anne arundel.



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
Village or City Ferndale. (No	St.: Ward) St.: Ward) (if death occurred In a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
May 16, 1857 (Month) (Day) (Year) 7 AGE 16 LESS than I day hrs. Or mos. 20 ds. or min.?	that I last saw h live on 192 , 192 , and that death occurred on the date stated above, at 4 m, 192 m, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Frantised Skull - Carricens His sy Electric. Franciscological (Duration) vis mos lyds.
9 BIRTHPLACE (State or country) Harford Co, Md, 10 NAME OF FATHER — Thompson,	Contributory Secondary (Durstion) (Signed) (Signed) (Address) (Address) (Address) (M. D.
UN BIRTHPLACE OF FATHER (State or country) UN KNOWN	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) OM, Monipator (Address) Blen Burny, mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mr. Olevet Cemetary Oct 9, 1938
Filed 10/9 1933 Applalla	Foster & Singleton Linkerin Height.

If more branks are needed, addrese State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (nostate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sorcoma, etc., ol American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, eorbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Weakness," etc., when a definite disease "Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy troin-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

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plnods Jo PHYSICIANS statement classified EX certificate. properly stated should may on back so that instructions CAUSE OF DEATH in plain terms, See mation should be carefully important.

(Address)

19. UNOERTAKER (Address)

18. BURIAL.

20. FILED ...

NOIL

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH County_ Village or City Lennoa Length of residence in city or town where d 2. FULL NAME (a) Residence: No. Eugen PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE MARGIN RESERVED FOR BINDING 5a. If marriad, widowad, or HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaar) 7. AGE Months 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.... OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Date decaased last worked at this occupation (month and 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (Stata or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT

09840

	(131)
rundel	Registration Dist. No.
10	No. Eugene Avz St., Ward
eath occurred Zyrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S/If of foreign birth?yrs
eath occurred yis inos	ds. How long in U. S. of foreign birth?
Invard ///	bery
A130-	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH Anth Color (Year) (Month) (Day) (Year)
en (deceased)	22. I HEREBY CERTIFY. That I attended deceased from 22.56. 1933, to 26. 1933
1)Arch 1868	I last saw have aliva on
Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, at
20 ormin.	were as follows:
into-	Caron rancinas I mal
	- Dalan
use fainting	
11. Total time (years) spant in this occupation	
is County	Other Cantributary Causes of Importance:
VI	
con Tillhory	
1111000	New of according Manual Costs of
Tank	What test confirmed diagnosis? What test confirmed diagnosis?
Croenan	23, If death was due to external causes (VIOLENCE) fill in also the following:
Hy Longford	Accident, suicide, or homicide?Oata of Injury19
nd,	Where did injury occur?
:1/ha 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
1	aposity who are majory occurred in report with money of an industry party.
mak . a	Manner of Injury DD N
00 0ate OCC 28 19 33	Natura of Injury.
H. Fly	24. Was diseasa or injury In any way related to occupation of dacaased?
St	If so, specify A A A A
R. Sea o Da	(Signed) UNU WOOD TWAL M. D.
D. Registrar.	(Address) Jenthieum Hots
Manks are model address State Printers	N Challes Paris Paris Paris No.

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 8 1933	July 5,1927	Peritonitis	3 days ago
	ATT V. C.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting V. S. No. 1.

7. S. No. 1

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-CORD. Every item of inforproperly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN stated EXACT TION is very important. See instructions on back of certificate. AGE should be þe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PL.

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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

09842

(State or country) 13. NAME Frank Wagner	1. PLACE OF DEATH			56)	
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. J. Brain Prank J. Wagner (a) Residence: No. Pasadena UMd. St. Ward. PERSONAL AND STATISTICAL PARTICULARS J. SIX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWSD. OR NOVICED COUNTER the word) SI married, widowed, or divorced (or) wife of	County Anne Arunde	1		Registration Dist. No. 23	3
Legith of residence in city or town where death occurred (a) Residence: No. Pasadena Magner (b) Residence: No. Pasadena Magner (c) Residence: No. Pasadena Magner (d) Residence: No. Pasadena Magner (e) Residence: No. Pasadena Magner (f) Residence: No. Pasadena Magner (g) Residence: No. Pasadena Magner (h) Residence: No. Residence: No. Magn	Village or City Pasadena			No. St.,	Ward
(a) Residence: No. Pasadena Md. Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE No Interest of Market Color of Market Co	Length of residence in city or town where				
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Multe SINGLE White SINGLE Stingle 21. DATE OF DEATH Cot DeT (Month) Cot Det (Mo	2. FULL NAME Frank J	. Wagne	r		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Multe SINGLE White SINGLE Stingle 21. DATE OF DEATH Cot DeT (Month) Cot Det (Mo	(a) Residence: No. Pasade	ena Md.	of abode)		d State
male white single October (Month) (Bay) 1925 (Year) 59. If married, vidowed, or diverced (Month) (Bay) (Year) 10				MEDICAL CERTIFICATE OF DEATH	
56. If married, widowed, or divorced HUSBADO (or) WIFE of	OR DIVORCED (write the word)				, 193 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months 10 11 last saw h. 11 alive on 10 - 8 19 35 death is said to have occurred on the date stated above, et. 3. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows Rind of work done, as SPINKE, SAWYER, BOOKKEPER, etc. Indicate of work one, as SILK MILL, SAWYER, BOOKKEPER, etc. Indicate of country or business in which work was done, as SILK MILL, SAWHILL BANK, etc. Indicate of country or business in which work was done, as SILK MILL, SAWHILL BANK, etc. Indicate of country or business in which work was done, as SILK MILL, SAWHILL BANK, etc. Indicate of country or business in which work was done, as SILK MILL, SAWHILL BANK, etc. Indicate of country or business in which work was done, as SILK MILL, SUBJECT Causes of importance Subacute bacterial Other Contributory Causes of importance: Septicemia (Strepococcus viridans) Other Contributory Causes of importance: Septicemia (Strepococcus viridans) Is MAIDEN NAME Frank Wagner Is MAIDEN NAME Frank Wagner (State or country) Poland Is Marthplace (city or town) (State or country) Contributory Causes of importance: Septicemia (Strepococcus viridans) Is Marthplace (city or town) Cother Contributory Causes of importance: Septicemia (Strepococcus viridans) Is Marthplace (city or town) Cother Contributory Causes of importance: Septicemia (Strepococcus viridans) Is Marthplace (city or town) Cother Contributory Causes of importance: Septicemia (Strepococcus viridans) Is Marthplace (city or town) Cother Contributory Causes of importance: Septicemia (Strepococcus viridans) It do have occurred on the date stated above, et. 3. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance The principal cause of importance Subacute fover Subacute	HUSBAND of			22. J HEREBY CERTIFY, That I ettended	
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What test confirmed diagnosis? CITRICAL Westhere an autopsy? NO 15. MAIDEN NAME Francis Hajba 16. BIRTHPLACE (city or town) Chicago, III (State or country) 17. INFORMANT Frank Wagner (Address)Pasadena A. A. Co., Md. 18. BURIAL, CREMATION, OR REMOVAL PlaceHoly Cross A.A. Cote Oct. 11, 19 19. UNDERTAKER Fred W. Ozazewski (Address) 1930 Eastern Ave. What test confirmed diagnosis? CITRICAL Westhere an autopsy? NO 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Opecify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER Fred W. Ozazewski If so, specify 16. BIRTHPLACE (city or town) Chicago, III also the following: Accident, suicide, or homicide? Opecify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or Injury in any way releted to occupation of deceased? NO If so, specify 17. INFORMANT Frank Wagner (Address) Pasadena A. A. Co., Md. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. Was disease or Injury in any way releted to occupation of deceased? NO 19. UNDERTAKER Fred W. Ozazewski	13. NAME Frank Wagne	r			
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19. UNDERTAKER Fred W. Ozazewski 24. Was disease or Injury in any way releted to occupation of deceased? NO If so, specify	(Address)Pasadena A. 18. BURIAL, CREMATION, OR REMOVAL	A. Co.,	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
(Address) 1930 Eastern Ave. If so, specify	PlaceHoly Cross A.A	- Gote 0-C-	t11-,193	3 Nature of injury	
co susp 10/8 to 33 Mag Doddy (Signed) At Only Q				24. Was disease or Injury in any way releted to occupation of deceased?_N	_
20. FILED 1070, 19 00 INTS. DEALDA. (Address) M. C. Sena, Lospital.	20. FILED. 10/8 , 19.33	Mrs. De	PAlba-	The state of the s	utal.

Lig. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(07-0)
County Y	Registration Dist. No.
Village or City Tome holis	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.
ale on Or	with thing in 0.5.11 of foraign pirtureyrsmusus.
2. FULL NAME TROUGH II	/O/
(a) Residence: No. 3.2 (Usual place of a Mode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Serve (6)	21. DATE OF DEATH Q 21 193 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22., I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	Oct 21 At 1933 to Get 21 of 193
C DATE OF BURTH (mostly day and mark the A 11 1999)	I last saw h eliva on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date statad above, at // 55, m.
1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin,	were as follows:
8. Trede, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc.	13 5 1 Strates
Industry or businass in which	as a man popular
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and yaar) yaar) 11. Total time (years) spent in this occupation	
4-20	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	() () () () () () () () () ()
	1 monoy 1 Zalma 10/2/3)
I I I I I I I I I I I I I I I I I I I	
14. BIRTHPLACE (city or town)	Nama of operation Data of
(State of country)	What test confirmed diegnosis? Was there an aulopsy?M
15. MAIDEN NAME South Brown 16. BIRTHPLACE (city or town) Terras for last (State or country)	23. If daeth wes due to axtarnal causes (VIOL ENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Terma forlis	Accident, suicide, or homicide? Date of injury, 19
Stata or country)	Where did injury occur?
17. INFORMANT Ollen Smith, (Address) / O Corolull at	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brewer Free Date Oct 26, 1935	Nature of injury
0-13-01	1 -
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way related to occupation of daceased?
4072 53 0 M. 1	(Signad) Ris Suhandon Ma D

annaf hot h If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

(Addrass)

Registrar.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onest Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY TH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1 Ä

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
county any and	Registration Dist. No. 20
Village or City Devery Station	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Elsie Emerson les	thens
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 1 193 3 (Month) (Day) (Year)
5a Af married, widowed, or divorced HUSBAND of (or) WIFE of James Mackunth watkin	22. I HEREBY CERTIFY That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 7 07/ 8 19//	Hast saw h & alive on Left 28 , 19 23; death is said
7. AGE Years Months Days 2 If LESS than	to have occurred on the date stated above, at 12.25Cm.
21 10 Kprovor min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, house work. SAWYER, BOOKKEEPER, etc.	Pulmany Zukeculoris Date of oneet
A. Frade, profession, or particular kind of work done, as SPINNER, sawyer, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and this occupation (month and second in this countries).	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Colleget County - (Stata or country)	Other Coutributory Causes of importence:
# 13. NAME MAIN Graces on -	
13. NAME man american 14. BIRTHPLACE (city or town) Calvert Coverity (State or country)	Name of operation Data of
	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Calvet Co-	23. If death was due to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?
17. INFORMANT James Halking (Address) Owings, 2nd.	Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CLL State Date Oct 2 433	Mannar of injury
19. UNDERTAKER Harry Heiteleus (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED OCT 1, 1823 Del Graf Registrar.	(Signed) Fruity Himbron M. D. (Address) Solties Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			9830241

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH County	Boolehalian Diah Na
Village or City Sunst Beach	Registration Dist. No. No. St., Warn If death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth?
2. FULL NAME Questioned With (a) Residence: No. Sunset Beach (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of / Lebecca Which	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) FS. 20. 1860 7. AGE Years Months/ Deys If LESS than	I last saw h alive on, 19; death is sell to have occurred on the date stated above, at, m.
1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Carenoma of Richard. Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end this occupation (month end this occupation this occupation).	
10. Date deceased last worked at this occupation (month end 1936 spant in this occupation occupation	
12. BIRTHPLACE (city or town) Zurginia (State or country)	Other Coutributory Causes of importance: July 1 Courses of importance: 6 7
13. NAME Towner While	
13. NAME Forman White 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Tuartha Williams 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT Lebecca Write (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ne Morte 10-17, 19	Menner of injury
19. UNDERTAKER Sheiner (Address) Ballo. My.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 10-18, 19 38 2-le & les Registrar.	(Signed) (Address) / and dena . M. I

STATE OF MADVIAND_CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domcstic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
· Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 4 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09	846
1. PLACE OF DEATH	(J31)	1
county amalrunder Co.	Registration Dist. No. 2 3	sk
Village or City Stoney Crack md.	No. St.	Ward
Length of residence in city or town where feath occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and no hospital or institution, give its NAME instead of street and no hospital or institution	
2. FULL NAME Catherine	Molay	
1104 DA 1000ch		
(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. Strolle, MARRIED, WIDOWED, OR DIVORCED (Agrice the word)	21. DATE OF DEATH Colottee (Month) (Day)	193.3 (Year)
5a. If married, widowed or divorced HUSBAND of SEDIGE N. Ziholey.	22. HEREBY CERTIFY, That I attended a	
6. DATE OF BIRTH (month, day, and year) HEL- 23 md 186	11	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at GA.m.	, death is said
69 7 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade opposion or particular	were as follows:	Date of onset
kind of work done, as SPI NNER, Housework	anew ochewois.	
9. Industry or business in which work was done, as SILK MILL,	Chronic Endercarde to.	18/
SAW MILL, BANK, etc	Christ Dulastical Neghuto	ming
12. BtRTHPLACE (city or town) 214-64-64-64-64-64-64-64-64-64-64-64-64-64	Other Contributory Causes of importance:	~~~~
(State or country)	Cerebral hummhose	2days
13. NAME 14. BIRTHPLACE (city or town)		
4 14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of Country)	What test confirmed diagnosis? Live Etc. Was there an au	opsy? Za
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	Where did injury occur?	
17. INFORMANT JEOIGE, Jt. Mholry (Address) fronzy Erette Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAL PIR. Date 10/16, 1933	Manner of injury	
19. UNDERTAKER BERNARD & Harler (Address) 1000 & Free St.	24. Was disease or injury In any way related to occupation of deceased?	25
20. FILED / 3 , 1923 Matilda R. Dealba	(Signed) John fellmande (Address) flan Burning	M, D.
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

95-6-

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village	or	City Lambulls	(No
		accompanies and a second and a	40000

PERSONAL AND STATISTICAL

4 COLOR OR RACE

St.: Ward)

(If death occurred in a hospital or institution, give its NAME is stead of street and

2FULL NAME Martha

L PARTICULARS	MEDICAL CERTIFICATE OF E	MEDICAL CERTIFICATE OF DEATH	
SINGLE, MARRIED, WIDOWED OR DIVORCED Write the word)	October (Month) (I	Day) 3 (Year) 11.3	
	17 I HEREBY CERTIFY, That I attende	d the deceased from	
9 , 187	192 to		
(Day) (Year)	/ that I last saw halive on	, 192,	
de. or min	s. The CAUSE OF DEATH * was as follows:	A * .	
Washer women	picking beans in-	1 . 1	
	(Duration)yrs	de.	
	Contributory Secondary	***********************************	
El Co.	Secondary (Duration) vrs	mosde.	
do.	(Signed) Jane E. Baldin (a)	ordner J.P.	
ores.	- Och 3 1923 (Address) Mallers	the mos	
Tenudel	*State the Discase Causing Death, or, Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal.	in deaths from and (2) Whether	
falloway	18 LENGTH OF RESIDENCE (For Hospitals, ients or Recent Residents)	Institutions, Trans-	
Rundel Go.	At place In the of deathyrsmosds. State	.yrsds.	
MY KNOWLEDGE	Where was disease contracted, if not at place of death?	00000000000000000000000000000000000000	
)	Former or usual residence		
4 a.ac. md	19 PLACE OF BURIAL OR REMOVAL OF	TA 1988	
Maye	20 UNDERTAKER AD	bress &	

Exact PHYSIe stated EXACTLY, Pe properly classified. RECORD In terms so that it may be properly classee instructions on back of certificate. Ehould supplied. VITH UNFADING INK--THIS should be carefully so E OF DEATH in plain carefully d state CAUSE OF DEATH in ple OCCUPATION is very Important. Information Every Item of In CIANS should statement of OC

BINDING

FOR

MARGIN RESERVED

3 SEX

7 AGE

PARENTS

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE

14 THE ABOVE IS

(Informant)

(a) Trade, profession or

particular kind of work

OF FATHER

(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER

(State or Country

(b) General nature of industry

business, or establishment in which employed or (employer)

V. S.

TO THE BEST OF M

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting W.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without note record nine, etc. Wom-laborer, Farm loborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solcsman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of household only (not paid Housekeepers who receive a Physician, For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomolive engineer, persons en-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinalfever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Nanaition," "Marasmus," "Old Age," "Shock, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, pen-inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by roilway train-"PUERPERAL septicoemia," "PUERPERAL peritonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, resulting from childbirth or miscarriage eough; Chronic affection need not be etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA. ECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN' CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

STATE OF MARYLAND— 1. PLACE OF DEATH	780
county (me brunder	Registration Dist. No.
Village or City 2001	NoSt., Ward
Length of residence in city or town where deeth occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) os. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Sept T Wind	Ser . a
(a) Residence No. 12 3 2/ 2757 Batt	erwood Sillo
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLON OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the food)	21. DATE OF DEATH (C) (Day) (Year)
HUSBANO of Cherique Minder	22. I HEREBY CERTIFY, That I attended deceased from 19
DATE OF BIRTH (month, day, and year) 18-1873	1 last saw h alive on
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
58 8 27 1 day,hrs	The Fallous.
8. Trade, profession, or particular kind of work done, as SPINNER, of SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at 11. Total time (years) spant in this convention (months and	Cownary cucaoliona sul
9. Industry or business in which work was done as SILK MILL	thromboppelbiling go les. 2 4
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceesed lest worked et this occupation (planth and pear)	
	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	Tarkon news / ceural, and
at at	
14. BIRTHPLACE (city or 40wn)	Name of operation Date of
13. NAME Setting 1. Spender 14. BIRTHPLACE (city or awn) (State or county)	What test confirmed diagnosis? Short Mas there an au'opsy?
15. MAIDEN NAME/ONE	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME (City or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur?
INFORMAND LOW MINISTER (Address 123 2 27th)	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place 02001 Date 10/19, 133	Manner of injury
9. UNDERTAKER Malkow ford	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify (Signed)
0. FILEO 04-18 19 00 A-Ce- 100 000	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.8. -- Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. Seginstructions on back of certificate. NEXT RECORD WITH UNFADING INK---THIS IS A PER WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
Come Han S.O	CERTIFICATE OF DEATH
County	46
M. 10 .00	Registration Dist. No.
Millersville, M.	St; Ward) (If death occurred in
Village or City (No.	a hospital or institu-
Honou Woods	etead of street and
² FULL NAME V COULTY	adilber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 COLOR OR RACE 5 SINGLE, MAAA	16 DATE OF DEATH PARAL 27 33
male White WIDOWED Market	(Month) (Dav) (Year)
OR DIVORCED (Write the word)	17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	May 1 1933. 6 Gct. 27, 1933.
1 1/10 15 878	Bx 7+1 22
(Month) (Day) (Year)	that I last saw h/ My alive on
7 AGE If LESS ther	and that death occurred on the date stated above, at
55 5 12 Idayhrs.	The CAUSE OF DEATH 's was as follows:
vrs. mos. ds. or min. ?	
8 OCCUPATION O	Oaremona of Armach
particular kind of work.	
(b) General nature of industry	
business, or establishment in sud Laural January	(Duration)yrsda,
9 BIRTHPLACE	Contributor
(State or country) Lamballs Med	O'Duration) A vest A mos de
10 NAME OF	til han III Laster
FATHER HELLOW Wood ward	(Signed) M. D.
11 BIRTHPLACE	0. C. 7. 27. 192. (Address) Lacurally / Not.
of FATHER (State or country) Jambrells. Md	*Stat the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
a 12 MAIDEN NAMEO	Accidental, Suicidal or Homicidal.
of MOTHER / Rayanot & Underson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents) At place
(State or country) Woodsearderlle Ma	of death yrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant Muss Pauline Wordward	Former or usual residence
(mormant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mullessalle Ma	Mullewelloud.
15	ON ENDERTAKER ADDRESS
Filed 0 4 28 193	20 UNDERTAKER ADDRESS
Registrar	The House all Dens Gotte manhae.
" more blanks are needed address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired (i yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmor (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At "chool or At home. Care should be taken to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Womworked on may form pure of the second statement.

Never return "Laborer," "Foreman," "Munager," "Dealnature of the business or industry, and therefore an (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocory; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health tion applies to each and every person, irrespective of fulness of variou: pursuits can be known. The ques-Statement of Occupation - Precise statement of ocefc., For many occupations a single word or term on or Al Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted determ for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

head of "contributory." (Recommendations on state-Nompuclature of the American Medical Association.) ment of cause of death approved by Committee on quences can be ascertained as the cause. Always qualify all ture of the injury, as fracture of skull, and conse-Poisoned by carbatic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. "Puenperal septicacmia." "Puenperal peritonitis," discases resulting from childbirth or misearriage as conditions, such as "Asthenia," "Anaemia" train-accident: Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Uraemia," "Weekhess," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," "Debility" ("Congenital," "Sentle," etc.), symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Mcasles; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart (name orlgin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the Example: Measles "Coma," "Condiscase; (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.